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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

364071

(1)

GL NATIONAL, INC.

FILED Apr 15 1996 8:00 am Secretary of State

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	ROAD 13 LE FL 32241-627	PO BOX 23627 JACKSONVILLE FL S US	32241-627		Date Incorporated or Qualified 05/13/1970	3a. Dat	e of Last Re 04/19/1	995
: The open the open and the ope		2a. Mailing Address	Mailing Address		4. FET Number 59-1305473	Applied For Not Applica		Applied For Not Applicable
Culto Art N. oto		Suite, Apt. #, etc.			\$8.75 Addition			Additional
Suite, Apt. #,	etc.	27			5. Certificate of Status Desired		Fee	Required
City & State		City & State	,,,		Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for Florida Statutes Yes	intangible :	tax under s	199.032,
	25	29	30		10. Name and Address of New R		Agent	
	9. Name and Address of Current	Hegistered Agent		B1 Name	Id. Hallo bild Hallo			
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	r, david M.		[+	B2 Street Add	ress (P.O. Box Number is Not Acceptat	жу		
	VERPLACE BLVD		<u> </u>	вз				
JACKS(ONVILLE FL 32207		L				Terl 3	n Codo
				84 City		FI	85 Z	ip Code
	607.0500	and 607 1508 Florida Statu	tes the abov	re-named corno	oration submits this statement for the pu ard of directors. Thereby accept the app	rvoco of c	hanging its	registered off
GNATUREs	and accept the obligations of Section and accept the obligations of Section and accept the obligations of Section and OFFICERS AND	aunititie diagoplicable: (N		Agent Signature require	ea where reconstained: ADDITIONS/CHANGES TO OFF	DATE		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.96 (904)448-303