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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **376442** **(0)**

1. Corporation Name

THE GLADES, INC.

Principal Place of Business	Mailing Address
7200 DAVIS BLVD NAPLES FL 33962	7200 DAVIS BLVD NAPLES FL 33962

3. Date Incorporated or Qualified: **01/29/1971**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1361999** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 State, Apt. #, etc.	27 State, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HUBSCHMAN, HARRISON
7200 DAVIS BLVD
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	HUBSCHMAN, SAMUEL		2 NAME	
STREET ADDRESS	102 TUPELO ROAD		3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL		4 CITY, ST, ZIP	
TITLE	VD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	HUBSCHMAN, CONNIE		2 NAME	
STREET ADDRESS	50 DOLPHIN CIRCLE		3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL		4 CITY, ST, ZIP	
TITLE	SD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	BEYRENT, TERYL		2 NAME	
STREET ADDRESS	5147 SEAHORSE AVENUE		3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL		4 CITY, ST, ZIP	
TITLE	VD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	HUBSCHMAN, ALBERT		2 NAME	
STREET ADDRESS	529 WEST PLACE		3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL		4 CITY, ST, ZIP	
TITLE	VTD	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	HUBSCHMAN, HARRISON		2 NAME	
STREET ADDRESS	101 CARICA RD.		3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL		4 CITY, ST, ZIP	
TITLE		[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY, ST, ZIP			4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 above, or on an attached sheet, with any alteration or addition noted.

SIGNATURE: Albert Hubschman — 4-16-96 — 9417747559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)