## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 454640 GLENDALE, CORP. Principal Place of Business Mailing Address 4655-F SPRUCE CREEK ROAD 4655-F SPRUCE CREEK ROAD PORT ORANGE FL 32127 PORT ORANGE FL 32127 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1974 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1709350 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BIMSTEIN, BARNEY Street Address (P.O. Box Number is Not Acceptable) 82 4655-F SPRUCE CREEK ROAD PORT ORANGE FL 32127 83 84 City 85 Zio 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and tee if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.111118 Change Addition NAME BIMSTEIN, IRVING 1.2 NAME 4314 PRESCOTT ROAD STREET ADDRESS 1.3 STREET ADDRESS **NASHVILLE TN** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change ☐ Addition **BIMSTEIN, BARNEY** 2.2 NAME STREET ADDRESS 5751 STEWART AVE 2.3 STREET ADDRESS PORT ORANGE, FL 00000 CITY-ST-ZIP 24 CHY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - SI - ZIP TITLE DELETE 4.1 TITLE Change Change Addition NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change ☐ Add/tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY - ST - ZIP TITLE DELE16 6. 1 TITLE Change ☐ Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 CITY - ST - ZIP 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 under appears in Block 12 or Block 3 if changed, or on an attachment and adjusts.

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