

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 585026 (8)
1. Corporation Name
GLAT DEVELOPMENT CORPORATION



Principal Place of Business 520 N.W. 10TH AVENUE FT. LAUDERDALE FL 33311	Mailing Address P.O. BOX 8523 FT. LAUDERDALE FL 33310-8523
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3. Date Incorporated or Qualified 08/31/1978	3a. Date of Last Report 08/08/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1859542 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
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9. Name and Address of Current Registered Agent

FLOYD, ALZEN F., SR.
520 N.W. 10TH AVE.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Alzen F. Floyd Sr.*
Signature, typed or printed name of registered agent (and how it applies)

(NOTE: Registered Agent signature required when reinstating)

Alzen F. Floyd Sr. 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ALZEN, FLOYD F SR.	1.2 NAME	
STREET ADDRESS	520 N.W. 10TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	
NAME	NORRIS, NORMA S	2.2 NAME	
STREET ADDRESS	3341 NW 5TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Alzen F. Floyd Sr.* 4/29/97

CR2E034 (9/96)