

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 662226 (0)

1. Corporation Name

GLENFED PROPERTIES, INC.



Principal Place of Business

414 N. CENTRAL AVE.
~~PO BOX 14426~~
GLENDALE CA 91203
US

Mailing Address

P.O. BOX 1709
~~PO BOX 14426~~
GLENDALE CA 91209
US

2. Principal Place of Business

2a. Mailing Address

21 414 N. Central Ave.

26 P. O. Box 1709

22 Suite, Apt., etc.

27 Suite, Apt., etc.

23 Glendale, CA

28 Glendale, CA

24 Zip

25 91203

Country
25 USA

29 Zip

29 9120

30 Country

30 USA

9. Name and Address of Current Registered Agent

WEISS, SUZANNE
115 SE 13TH ST., SUITE C
7TH FLOOR
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

04/28/1980

3a. Date of Last Report

04/17/1995

4. FET Number

59-1998504

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

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 607.1504, 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 607.041, Florida Statutes.

SIGNATURE

Signature of corporation, if registered agent is not a corporation

Signature of Registered Agent, if not a corporation (leave blank)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME 2. STREET ADDRESS 3. CITY, ST, ZIP 4. TITLE NAME 5. STREET ADDRESS 6. CITY, ST, ZIP 7. TITLE NAME 8. STREET ADDRESS 9. CITY, ST, ZIP 10. TITLE NAME 11. STREET ADDRESS 12. CITY, ST, ZIP 13. TITLE NAME 14. STREET ADDRESS 15. CITY, ST, ZIP	1. 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. 2. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. 3. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP 13. 4. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP 17. 5. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP 21. 6. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP 25. 7. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP 29. 8. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP 33. 9. TITLE 34. NAME 35. STREET ADDRESS 36. CITY, ST, ZIP 37. 10. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, ST, ZIP 41. 11. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP 45. 12. TITLE 46. NAME 47. STREET ADDRESS 48. CITY, ST, ZIP 49. 13. TITLE 50. NAME 51. STREET ADDRESS 52. CITY, ST, ZIP 53. 14. TITLE 54. NAME 55. STREET ADDRESS 56. CITY, ST, ZIP 57. 15. TITLE 58. NAME 59. STREET ADDRESS 60. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form 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 amendment 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: James R. Eller, Jr. *James R. Eller, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

(818)500-2404

CR2E034 (12/95)