

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 857805 (6)

1. Corporation Name

GLENFED INSURANCE SERVICES, INC.



Principal Place of Business

413 NORTH BRAND BLVD.  
GLENDALE CA 91203-2305

Mailing Address

413 NORTH BRAND BLVD.  
GLENDALE CA 91203-2305

3. Date Incorporated or Qualified  
09/20/1983

3a. Date of Last Report  
02/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

95-2707935

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

9. Name and Address of Current Registered Agent

TISCHLER, KEITH S.  
FORUM BUILDING  
318 MONROE STREET  
TALLAHASSEE FL 32302

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORALESKI, MICHAEL E.	
STREET ADDRESS	413 NORTH BRAND	
CITY - ST - ZIP	GLENDALE CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARROR, MELVIN F	
STREET ADDRESS	413 NORTH BRAND BLVD	
CITY - ST - ZIP	GLENDALE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRCH, WILLIAM	
STREET ADDRESS	700 NORTH BRAND	
CITY - ST - ZIP	GLENDALE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAUDY, RICK	
STREET ADDRESS	700 NORTH BRAND	
CITY - ST - ZIP	GLENDALE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, KATHRYN	
STREET ADDRESS	700 NORTH BRAND	
CITY - ST - ZIP	GLENDALE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, CARMAN C JR	
STREET ADDRESS	700 N BRAND	
CITY - ST - ZIP	GLENDALE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

*Michael E. Goralesski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Goralesski 4/9/96

818/409-4777

Date:

Daytime Phone:

CR2E034 (12/95)