

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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/20/1983

4. FEI Number 95-2707935	Applied For <input type="checkbox"/> Not Applicable
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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
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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	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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANGELA HESS	
STREET ADDRESS	700 NORTH BRAND BLVD	
CITY-ST-ZIP	GLENDALE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN HAYNES	
STREET ADDRESS	401 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	TURNER, CARMAN C JR	
STREET ADDRESS	700 N BRAND	
CITY-ST-ZIP	GLENDALE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Howard Everakes	
1.3 STREET ADDRESS	401 north Brand Blvd	
1.4 CITY-ST-ZIP	Glendale, CA 91203	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Goralesski	
2.3 STREET ADDRESS	413 North Brand Blvd.	
2.4 CITY-ST-ZIP	Glendale, CA 91203	
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 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:

SIGNATURE REC

*Michael E. Powell* 1/21/98

CR2E034 (10/97)