

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

FILED
Feb 13 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F18552** (2)
1. Corporation Name
GLORIA GROVE, INC.

Principal Place of Business
**501 FALMOUTH AVE
TEMPLE TERRACE FL 33617**

Mailing Address
**501 FALMOUTH AVE
TEMPLE TERRACE FL 33617**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------|-------------------------|------------------|--|------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/06/1981 | |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 25. Suite, Apt. #, etc. | 26. City & State |
| 27. Zip | 28. Country | 29. Suite, Apt. #, etc. | 30. City & State | 31. Zip | 32. Country |
| 9. Name and Address of Current Registered Agent KRISSMAN, PHILMORE 501 FALMOUTH AVE TEMPLE TERRACE FL 33617 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. City | |
| | | | | 84. 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | PTD | 1.1 TITLE | |
| NAME | KRISSMAN, PHILMORE | 1.2 NAME | |
| STREET ADDRESS | 501 FALMOUTH AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | HARRIS, MURIEL | 2.2 NAME | |
| STREET ADDRESS | 3030 MARCO DR APT 301 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | ROSS, SYDNEY | 3.2 NAME | |
| STREET ADDRESS | 1480 SAN REMO DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACIFIC PALISADES CA | 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 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:

Philmore Krissman

2/14/98

CR2E034 (10/97)