

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 015 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F80283

1. Corporation Name
GLORIA'S SHOPPE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

G N C
 3800 U.S. 90 NORTH
 LAKELAND FL 33809

Mailing Address

G N C
 P.O. BOX 372127
 SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified

04/30/1982

2. Principal Place of Business

21 **G-SHOP**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **G-SHOP**
 Suite, Apt. #, etc.

4. FEI Number

59-2249620

Applied For
 Not Applicable

22 **PMB 202, 4516 HWY 20 EAST**

27 **PMB 202, 4516 HWY 20 EAST**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **NICEVILLE, FL**

28 **NICEVILLE, FL 32578**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **32578** 25 **USA**

29 **32578** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

PAID

9. Name and Address of Current Registered Agent

BALINSKY, GARY A
~~348 SHERWOOD AVENUE~~
~~SATELLITE BEACH FL 32937~~

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
1727 LILABERRY LANE
 83
 84 City **NICEVILLE** FL 85 Zip Code **32578**

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 **GARY A. BALINSKY** **GARY A. BALINSKY**

4/26/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	GOSHORN, GLORIA C	
STREET ADDRESS	57 WOOD HALL DRIVE	
CITY-ST-ZIP	MULBERRY, FL 00000	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	BALINSKY, GARY A.	
STREET ADDRESS	348 SHERWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/T/S
1.3 STREET ADDRESS	GARY A. BALINSKY
1.4 CITY-ST-ZIP	1727 LILABERRY LANE NICEVILLE, FL 32578
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 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, with all other like empowered.

SIGNATURE: **GARY A. BALINSKY** **GARY A. BALINSKY** **4/26/99** **850-897-1926**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)