

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 # F94000001022 (2)

1. Corporation Name

GLS DIRECT, INC.



Principal Place of Business

2000 MARKET ST
14TH FLOOR
PHILA PA 19103
US

Mailing Address

14104 58TH STREET NORTH
CLEARWATER FL 34620

3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2000 Market Street

4. FEI Number

23-2543558

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 14th Floor

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 City & State

27 City & State

25 Phila., PA

28 Phila., PA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

29 Zip

24 19103

25 Country

29 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGGINS, JAMES
GLS DIRECT, INC.
14104 58TH STREET NORTH
CLEARWATER FL 34620

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 if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
PCST
HOUSLEY, ROSS L
2000 MARKET STREET
PHILADELPHIA PA 19103

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

215-568-1100

CR2E034 (12/95)