

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 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 # F97000000554 (2)
 1. Corporation Name
GLA INTERNATIONAL, INC.



Principal Place of Business 425 S. WOODSMILL RD. TOWN & COUNTRY MO 63017	Mailing Address 425 S. WOODSMILL RD. TOWN & COUNTRY MO 63017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. Suite 300	26 Suite, Apt. #, etc. Suite 300
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 01/31/1997	
4. FEI Number 43-1623822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOFFIT, JIM	
STREET ADDRESS	17997 CHESTERFIELD AIRPORT RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STONEBURNER, DEAN	
STREET ADDRESS	17997 CHESTERFIELD AIRPORT RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FORREST, MARGUERITE A	
STREET ADDRESS	425 S. WOODSMILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	TCFO	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, DAVID L	
STREET ADDRESS	425 S. WOODSMILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JAMES C	
STREET ADDRESS	425 S. WOODSMILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, ROBERT A	
STREET ADDRESS	425 S. WOODSMILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	425 Woods Mill Rd. South, Suite 300
1.4 CITY-ST-ZIP	Town & Country, Mo 63017
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	425 Woods Mill Rd. South, Suite 300
2.4 CITY-ST-ZIP	Town & Country, Mo 63017
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VS David L. Howard
3.3 STREET ADDRESS	425 Woods Mill Rd South, Suite 300
3.4 CITY-ST-ZIP	Town & Country, Mo 63017
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shayne B. Barr
4.3 STREET ADDRESS	425 Woods Mill Rd. South, Suite 300
4.4 CITY-ST-ZIP	Town & Country, Mo 63017
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T Steven P. Florschutz
5.3 STREET ADDRESS	425 Woods Mill Road South, Suite 300
5.4 CITY-ST-ZIP	Town & Country, M.O 63017
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 _____ DATE _____

CR2E034 (5/98)