	PROFIT RPORATION		DEPARTMENT ( andra B. Mortha				
	UAL REPORT <b>1996</b>	s s	Secretary of State DIVISION OF CORPORATIONS				
				ATIONS			
1. Corporation	on Name	036 (3	り				
GLENS	STAR, INC.				L IN BUILT AAND HAAT NEIDE AAND	B JININ BUDY DYDIN BYDIN	n ( dan ( da
Principal Place	e of Business	Mailing Address					
1251 10th S Lake Park (		1251 10TH ST. LAKE PARK FL 33	3403				
			/here		3. Date Incorporated or Qualif		of Last Report
<b>-</b>	lace of Business	2a. Mailing Address	;		03/16/1983 4. FEI Number	05/	01/1995 Applied For
Suite, Apt	#, etc.	26 Suite, Apt. #, etc	.c.		59-2269143		Not Applicable \$8.75 Additional
City & State	e	27 City & State			5. Certificate of Status Desired		Fee Required
Zip	Country	28			6. Election Campaign Financin Trust Fund Contribution	<u> </u>	\$5.00 May Be Added to Fees
21p	25	Zip 29	30 Coun	ntry		Yes 🗌 No	
	9. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of Ne		;ent
	NCKE, KERRY R., ESQ.				iress (P.O. Box Number is Not Acce	*-1-1- <b>1</b>	
1645 PA	LM BCH LKS BLVD.				Press (P.O. Box Number is Not Acce	ptable)	
W PALM	I BCH FL 33401			63			
				84 City			85 Zip Code
<ol> <li>Durouont re</li> </ol>	in the provisions of Sections 607.01	502 and 607 1508 Elocida St					1
or registers	ed agent, or both, in the State of F	lorida. Such change was auth	norized by the cc	e-named corpo prooration's boa	pration submits this statement for the ard of directors. I hereby accept the	purpose of chang ennnintment as re	ging its registered office mistered agent. I am
familiar witi GNATURE	th, and accept the obligations of, S	Section 607.0505, Florida Stati	tutes.		so of directors. Thereby accept the a	purpose of chang appointment as re	jing its registered office gistered agent. I am
familiar witi GNATURE	th, and accept the obligations of, S Signature, typed or printed name of registered a	Section 607.0505, Florida Stati	(NOTE: Registered A		ed when reinstelling)	DATE	gistered agent. I am
familiar witi GNATURE	th, and accept the obligations of, S Signature, typed or printed name of registered a OFFICERS / PD	Section 607.0505, Florida Stati	tutes.	Agent signature require	so of directors. Thereby accept the a	DATE	gistered agent. I am
familiar with GNATURE	th, and accept the obligations of, S Signature, typed or printed name of registered a OFFICERS / PD WEDEKING, MICHAEL	Section 607.0505, Florida Stati agent and tille if applicable AND DIRECTORS	(NOTE: Registered A <b>13.</b> 1.1 TITL 1.2 NAM	Agent signature require	ed when reinstelling)	DATE	IRECTORS IN 12
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