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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G41231 (3)

1. Corporation Name
GLODEN, INC.



Principal Place of Business

Mailing Address

HIGHLAND PUB / 1228 S HIGHWAY ANDANE
2211 DAVES AVENUE
CLEARWATER FL 34616
US

C/O GLORIA FAVREAU
2211 DAVES AVENUE
DUNEDIN FL 34698-2106

3. Date Incorporated or Qualified
05/27/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1228 S. HIGHLAND AVE

26 HIGHLAND PUB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CLEARWATER

27 1228 S. HIGHLAND AVE

City & State

City & State

23 FL 34616

28 CLEARWATER FL

Zip

Country

Zip

Country

24 34616

25 PINELLAS

29 34616

30 PINELLAS

b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAVREAU, GLORIA
2211 DAVES AVE
DUNEDIN FL 34698

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

Gloria Favreau
Signature, typed or printed name of registered agent and title if applicable.

Gloria Favreau
(NOTE: Registered Agent signature required when reinstating)

4/15/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FAVREAU, DENNIS J
STREET ADDRESS 1228 S HIGHLAND AVE
CITY-ST-ZIP CLEARWATER, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME FAVREAU, GLORIA
STREET ADDRESS 1228 S HIGHLAND AVE
CITY-ST-ZIP CLEARWATER, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Gloria Favreau*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLORIA FAVREAU
SEC/TREAS. 4/15/97
Date Daytime Phone #

CR2E034 (9/96)