SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G64415** **(4)**

1. Corporation Name
GLG, INC.

Principal Place of Business	Mailing Address
8320 PALMA VISTA LANE TAMPA FL 33614	8320 PALMA VISTA LANE TAMPA FL 33614

2. Principal Place of Business	2a. Mailing Address
21 5401 Kirkman Road	26 Same
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27
City & State 23 Orlando FL	City & State 28
Zip 24 32812 Country 25 Orange	Zip 29 Country 30

3. Date Incorporated or Qualified: **10/05/1983**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2323661** Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANDWIRTH, GREG
8320 PALMA VISTA LANE
TAMPA 33614

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, type or print name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when reinstated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LANDWIRTH, HENRI		12 NAME	
STREET ADDRESS	8320 PALMA VISTA LANE		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LANDWIRTH, LISA		22 NAME	
STREET ADDRESS	8320 PALMA VISTA LANE		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LANDWIRTH, GARY		32 NAME	
STREET ADDRESS	8320 PALMA VISTA LANE		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LANDWIRTH, GREGORY		42 NAME	
STREET ADDRESS	8320 PALMA VISTA LANE		43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **8/6/96** **(407) 354-0407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number