

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G64415** (4)  
1. Corporation Name  
**GLG, INC.**

Principal Place of Business <b>5401 KIRKMAN RD #300 ORLANDO FL 32812 US</b>	Mailing Address <b>5401 KIRKMAN RD #300 ORLANDO FL 32812 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/05/1983</b>	
21		26		4. FEI Number <b>59-2323661</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 <b>GREG LANDWIRTH</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>5401 KIRKMAN ROAD - SUITE 300</b>
83	
84	City <b>ORLANDO</b>
85	Zip Code <b>FL 32819</b>

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDWIRTH, HENRI</b>	1.2 NAME	<b>LANDWIRTH, HENRI</b>
STREET ADDRESS	<b>8320 PALMA VISTA LANE</b>	1.3 STREET ADDRESS	<b>5401 KIRKMAN ROAD - STE. 300</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDWIRTH, LISA</b>	2.2 NAME	<b>USSERY, LISA LANDWIRTH</b>
STREET ADDRESS	<b>8320 PALMA VISTA LANE</b>	2.3 STREET ADDRESS	<b>113 CYPRESS LAGOON COURT</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32082</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDWIRTH, GARY</b>	3.2 NAME	<b>LANDWIRTH, GARY</b>
STREET ADDRESS	<b>8320 PALMA VISTA LANE</b>	3.3 STREET ADDRESS	<b>2006 IVANHOE ROAD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDWIRTH, GREGORY</b>	4.2 NAME	<b>LANDWIRTH, GREGORY</b>
STREET ADDRESS	<b>8320 PALMA VISTA LANE</b>	4.3 STREET ADDRESS	<b>5401 KIRKMAN ROAD - STE. 300</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Henri Landwirth*

HENRI LANDWIRTH

January 20, 1998

354-0407

CR2E034 (10/97)