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Feb 27 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 # G69709 (5)

1. Corporation Name
GLEN M. MENZ, INC

Principal Place of Business
4723 W ATLANTIC AVE
SUITE 12
DELRAY BEACH FL 33445
US

Mailing Address
3118 LOWSON BLVD
DELRAY BEACH FL 33445-5835



3. Date Incorporated or Qualified 10/18/1983
3a. Date of Last Report 05/20/1996

2. Principal Place of Business 21 3118 Lowson Blvd. Suite, Apt. #, etc. 22 City & State 23 Delray Beach, FL. Zip Country 24 33445 25 Palm Beach	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 59-2333848 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MENZ, GLEN M.
3118 LOWSON BLVD
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MENZ, GLEN M	1.2 NAME	
STREET ADDRESS	3118 LOWSON BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	REVELLA, LAURA MENZ	2.2 NAME	
STREET ADDRESS	4015 E. 107TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	TULSA OK	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	MENZ, DONNA BENNETT	3.2 NAME	
STREET ADDRESS	3118 LOWSON BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Glen M. Menz GLEN M. MENZ 02/21/97 499-7994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)