
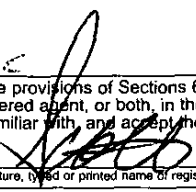


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90087 050 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H06767 1. Corporation Name GLENBROOKE INVESTMENT CORP.			
Principal Place of Business P.O. BOX 21238 P.O. BOX 21238 SARASOTA FL 34276-4238 US		Mailing Address P.O. BOX 21238 P.O. BOX 21238 SARASOTA FL 34276-4238 US	
2. Principal Place of Business 21 2401 Lake Park Drive Suite, Apt. #, etc. 22 Suite 355 City & State 23 Smyrna, GA 30080 Zip Country 24 25		2a. Mailing Address 26 2401 Lake Park Drive Suite, Apt. #, etc. 27 Suite 355 City & State 28 Smyrna, GA 30080 Zip Country 29 30	
9. Name and Address of Current Registered Agent JOHNSON, MICHAEL 2018 OAK TERRACE SARASOTA FL 34240		10. Name and Address of New Registered Agent 81 Name 82 Scott W. Dunlap, Esquire 83 Street Address (P.O. Box Number is Not Acceptable) 22 South Links Avenue 84 Suite 300 85 City Sarasota, FL 86 Zip Code 34236	
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 4/28/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME TERRY, EDWARD L. STREET ADDRESS 2401 LAKE PARK DRIVE, SUITE 355 CITY-ST-ZIP SMYRNA GA		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VST NAME WHITEHEAD, VICKI STREET ADDRESS 2197 CANTON ROAD, SUITE 201 CITY-ST-ZIP MARIETTA GA		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VAS NAME JOHNSON, MICHAEL STREET ADDRESS 2018 OAK TERRACE CITY-ST-ZIP SARASOTA FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D NAME JOHNSON, MICHAEL STREET ADDRESS 2018 OAK TERRACE CITY-ST-ZIP SARASOTA FL		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 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)