FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H97910** **(4)**

1. Corporation Name
GLADES PARK, INC.

Principal Place of Business
% TERRY W. STILES
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309

Mailing Address
% TERRY W. STILES
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2660293 — 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. Is corporation now making or anticipate making S corp. election under Section 1362(a) Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DUKE, BRAYN W
6400 N ANDREWS AVE
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STILES, TERRY W.
STREET ADDRESS	6400 N ANDREWS AVE
CITY ST ZIP	FT LAUDERDALE FL
TITLE	VT
NAME	YOUNG, WILLIAM H
STREET ADDRESS	6400 N ANDREWS AVE
CITY ST ZIP	FT LAUDERDALE FL
TITLE	S
NAME	SCHLEGEL, PATRICIA
STREET ADDRESS	6400 N ANDREWS AVE
CITY ST ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	T	☒ Change ☐ Addition
2.2 NAME	EAGON, DOUGLAS P.	
2.3 STREET ADDRESS	6400 N Andrews Ave.	
2.4 CITY ST ZIP	Ft Lauderdale FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME	Palmer Stephen R.	
4.3 STREET ADDRESS	6400 N Andrews Ave	
4.4 CITY ST ZIP	Ft Lauderdale FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I 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 the annual report or application for reinstatement is true and accurate and that my signature shall have the same legal effect and be made under oath. That I am an officer or director of this corporation or a vice president or higher employee 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 added by this report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date (Required)

0216307 CP