


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

FILED
Jan 30 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J53087 (9) | | | | | |
| 1. Corporation Name GLISCO, INC. | | | | | |
| Principal Place of Business 173 BIG PASS LANE SARASOTA FL 34242 | | | Mailing Address 173 BIG PASS LANE SARASOTA FL 34242 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 P.O. Box 25217 | | 01/22/1987 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 SARASOTA FLORIDA | | 59-2832469 | |
| 24 Country | | 29 34277 | | 30 USA | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| HICKS, WILGUS A. 173 BIG PASS LANE SARASOTA FL 34242 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE D NAME HICKS, WILGUS A. STREET ADDRESS 173 BIG PASS LANE CITY-ST-ZIP SARASOTA FL | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE D NAME HICKS, GRACE C. STREET ADDRESS 173 BIG PASS LANE CITY-ST-ZIP SARASOTA FL | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 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 | | |

SIGNATURE:

W. Hicks WILGUS HICKS

1/20/98 (941)349-0200

CR2E034 (10/97)