

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K19015 (2)**  
 1. Corporation Name  
**G.L.P., INC.**



Principal Place of Business <b>% CORPCO, INC. 2699 S. BAYSHORE DR. 7TH FLOOR MIAMI FL 33133</b>	Mailing Address <b>% CORPCO, INC. 2699 S. BAYSHORE DR. 7TH FLOOR MIAMI FL 33133</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>03/24/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	4. FEI Number <b>65-0039701</b>	Applied for Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPCO, INC. 2699 S. BAYSHORE DR 7TH FLOOR MIAMI FL 33133</b>	10. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUILFOYLE, MICHAEL</b>	12 NAME	
STREET ADDRESS	<b>10525 SW 139 COURT</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	14 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWMAN, ANN</b>	22 NAME	
STREET ADDRESS	<b>10525 SW 139 COURT</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	24 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, MYRTLE</b>	32 NAME	
STREET ADDRESS	<b>10525 SW 139 COURT</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	34 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWMAN, JOEL</b>	42 NAME	
STREET ADDRESS	<b>10525 SW 139 COURT</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	44 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUILFOYLE, MARY JANE</b>	52 NAME	
STREET ADDRESS	<b>10525 SW 139 COURT</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Jane Guilfoyle Mary Jane Guilfoyle 7/30/96 305-529-1500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/96)