

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 12 1997 8:00am  
Secretary of State

DOCUMENT # K19015

(2)

1. Corporation Name  
G.L.P., INC.



Principal Place of Business  
% CORPCO. INC.  
2699 S. BAYSHORE DR. 7TH FLOOR  
MIAMI FL 33133

Mailing Address  
% CORPCO. INC.  
2699 S. BAYSHORE DR. 7TH FLOOR  
MIAMI FL 33133-5408

3. Date Incorporated or Qualified 03/24/1988  
3a. Date of Last Report 08/02/1996

2. Principal Place of Business  
21 10525 SW 139 Ct.

2a. Mailing Address  
26 10525 SW 139 Ct.

4. FEI Number 65-0039701  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State  
23 Miami, FL

27 City & State  
28 Miami, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country  
25 USA

29 Zip Country  
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPCO, INC.  
2699 S. BAYSHORE DR  
7TH FLOOR  
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP  
NAME GUILFOYLE, MICHAEL  
STREET ADDRESS 10525 SW 139 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVP  
NAME LOWMAN, ANN  
STREET ADDRESS 10525 SW 139 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS  
NAME POWELL, MYRTLE  
STREET ADDRESS 10525 SW 139 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  
NAME LOWMAN, JOEL  
STREET ADDRESS 10525 SW 139 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME GUILFOYLE, MARY JANE  
STREET ADDRESS 10525 SW 139 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 *Mary Anne Powell* *Theresa* 4/30/97 305-529-1500

CR2E034 (9/96)