

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

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **K19015 (2)**
1. Corporation Name
G.L.P., INC.



Principal Place of Business: ~~10525 SW 139 CT MIAMI FL 33133 US~~
Mailing Address: ~~10525 SW 139 CT MIAMI FL 33133 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	111 Honesuckle Lane	26	111 Honesuckle Lane	03/24/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0039701	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
LAKE PLACID, FL		LAKE PLACID FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33852	25	USA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	33852	30	USA		

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 ANN LOWMAN		
				82	Street Address (P.O. Box Number is Not Acceptable) 111 Honesuckle Lane		
				83	1		
				84	City LAKE PLACID	85	FL

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: *Ann Lowman* *Ann Lowman* DATE: 4/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILFOYLE, MICHAEL	1.2 NAME	ANN LOWMAN
STREET ADDRESS	10525 SW 139 COURT	1.3 STREET ADDRESS	111 HONESUCKLE LANE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	LAKE PLACID FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWMAN, ANN	2.2 NAME	
STREET ADDRESS	10525 SW 139 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MYRTLE	3.2 NAME	
STREET ADDRESS	10525 SW 139 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWMAN, JOEL	4.2 NAME	
STREET ADDRESS	10525 SW 139 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFOYLE, MARY JANE	5.2 NAME	
STREET ADDRESS	10525 SW 139 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Ann Lowman* 4-25-98 941-699-4222

CFR2034 (10/97)