1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **K24951**

1. Corporation Name

GLENWOOD EQUITY CAPITAL CORPORATION

							a i i a a a a a a a a a a a a a a a a a
Principal Place of Business Mailing Address				· · · · ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
256 OCEAN WAY 256 OCEAN WAY							
VERO BEACH F	FL 32963	VERO BEACH FL 32963	VERO BEACH FL 32963		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/25/1988		
2. Principal Pl	lace of Business	2a. Mailing Address		_	4. FEI Number		Applied For
21		26		59-2895414		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5Certifcate of Status Desired	58,7	75 Additional e Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curre	· · · · · · · · ·	[
24	25	29 30		_	Personal Property Tax.	Yes	: □No
	9. Name and Address of Curre	nt Registered Agent		1.	10. Name and Address of New Ro	egistered Age <u>nt</u>	
34741	LACIA MIDT		81	Name			
WALLACH, KURT 256 OCEAN WAY			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ble)	
	O BEACH FL 32963		83		**************************************		
			84	City		FL 85	Zip Code
		00 J COT 4500 Florido Castados	the char	a named some	pration submits this statement for the		no its registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	onzed by	tne corporation	n's board of directors. I hereby accept	t the appointment	as registered
SIGNATURE						DATE	
42	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Rec ND DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO OFF		CTORS IN 12
12.	P	DELETE	1.1 TITLE		ADDITIONO/OFFICE TO OFF	☐ Cha	
NAME	WALLACH, KURT		1.2 NAME				
STREET ADDRESS	256 OCEAN WAY	•	1	T ADDRESS		•	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-8				
TITLE	D	☐ DELETE	2.1 TITLE	<u></u>		☐ Cha	ange 🔲 Addition
NAME	WALLACH, KURT		2.2 NAME				•
STREET ADDRESS	256 OCEAN WAY		2.3 STREE	TADORESS			
CITY-ST-ZIP	VERO BEACH FL		2:4 CITY-	1			
TITLE	ST	☐ DELETE	3.1 TITLE	-		Cha	ange 🗌 Addition
NAME	WALLACH, MARIYLN G.		3.2 NAME				
STREET ADDRESS	256 OCEAN WAY		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		3.4. CITY-1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Cha	ange 🗌 Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		,	4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Cha	ange 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			. Cha	ange
NAME			6.2 NAME				
			63 STREE	T ADDRESS			

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 arthur empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90008 034 ***150.00