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

PROFIT

Apr 07 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)GLENEAGLES ART, INC. Principal Place of Business Mailing Address 3800 \$ CONGRESS AVE 3600 S CONGRESS AVE SUITE A SUITE A DO NOT WRITE IN THIS SPACE **BOYNTON BCH. FL 33426** BOYNTON BCH. FL 33426 3. Date Incorporated or Qualified 12/07/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0094132 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country year Intangible 8. This corporation owes or has paid the current Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LUBITZ, CHARLES A. 1900 NORTHBRIDGE TOWER I-515 N. FLAGLER DR WEST PALM BEACH FL 33401 City 08. Florida Statutes, the above-named corporat on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered Pursuant to the pro ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. X DELETE 1.1 TITLE Change Addition TITLE **BLINN, BRIAN** 1.2 NAME NAME 4562 GLENEAGLES DR STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME SOUERWINE, DREW 22 NAME 3600 S CONGRESS AVE STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL** 2. 4 CITY-\$1-ZIP CITY-ST-2IP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal arrival report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eliver or trustee or powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplindicated on this annual report or supply officer or director of the corporati

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