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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K73988

1. Corporation Name

GLENKA	Y COMPORATION									14 8 (8)) 14 8 (8)		
Principal Place	e of Business	Ма	iling Address				I (BB(tBf)) out indep	1491 0 18 101 18787	1611 BIGH 818	it Aib ii		All Athii (Ant
24641 US 19 N		2464	41 U.S. 19 N									
STE 500 SUITE 500							DO.	NOT WRITE	IN THIS C	COACE	=	
CLEARWATER FL 34623 CLEARWATER FL 34623							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
บร	11 To U.						03/15/1989	i Qualifu				
2 Oringinal D	lace of Business	22	Mailing Address				4. FEI Number			T	Ann	lied For
·	lace of business	<u> </u>	Walling Address				02-1504423				+	Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				<u> </u>			\$8		dditional
22	<i>π</i> , οιο.	27	Caller Figure 117 State				5. Certifcate of Status	Desired [e Req	
City & State			City & State				6. Election Campaign	Financing -		\$5	.00 .	May Be
23		28	•				Trust Fund Contribu	-				Fees
Zîp	Country		Zip	Cour	ntry		8. This corporation ow	es the current	year Inta	ngible		
24	25	29		30			Personal Property			☐ Yes	; [□No
	9. Name and Addres	s of Current Regist	tered Agent				10. Name and Addres	s of New Reg	istered A	gent		
	45 A 1 2 3				81	Name						
	AN, THOMAS A.				82	Street Add	ress (P.O. Box Number is I	lot Acceptable	3)			
	MAIN STREET				_							
SUIT					83							
DUN	EDIN FL 34698				84	City				85	Zip C	ode
						•			<u>FL</u>	1 1		
l office or r	egistered agent, or both, i	in the State of Florida	a. Such change was	authorized	DV III	named corp ne corporati	oration submits this statem on's board of directors. I he	ent for the pur reby accept the	rpose of c ne appoint	hangir Iment	ng its r as reg	egistered istered
agent. I a	m familiar with, and accer	pt the obligations of,	Section 607.0505, FI	orida Statu	tes.							
agent. I a					tes.	signature require	ed when reinstating)		DATE			
	Signature, typed or printed name of		applicable. (NO)		tes.	signature require	od when reinstating) ADDITIONS/CHANG	ES TO OFFIC		D DIRE	стог	
SIGNATURE	Signature, typed or printed name of	of registered agent and title if	applicable. (NO)	E: Registered A	tes.	signature require		ES TO OFFIC		DIRE		RS IN 12
SIGNATURE	Signature, typed or printed name of OF	of registered agent and title if	applicable. (NOT	E: Registered A	tes. Agent s LE	signature require		ES TO OFFIC				
SIGNATURE 12. TITLE	Signature, typed or printed name of OF D GAGLIARDI, GLENN	of registered agent and title if	applicable. (NOT	13. 1.1 TITU	tes. Agent s LE ME	signature require		ES TO OFFIC				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT	13. 1.1 TITU 1.2 NAA 1.3 STR	tes. Agent s LE ME	AODRESS		ES TO OFFIC				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of OF D GAGLIARDI, GLENN	of registered agent and title if	applicable. (NOT	13. 1.1 TITU 1.2 NAA 1.3 STR	tes. Agent s LE ME REET A Y-ST-2	AODRESS		ES TO OFFIC			ange	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	Agent s LE ME REET A Y-ST-2	AODRESS		ES TO OFFIC		☐ Cha	ange	Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA	Agent s LE ME REET AI Y-ST-2 LE	AODRESS		ES TO OFFIC		☐ Cha	ange	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA	Agent s LE ME REET A Y-ST-2 LE ME	ADDRESS ZIP		ES TO OFFIC		□ Cha	ange ange	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF	Agent s LE ME REET A Y-ST-2 LE REET A	ADDRESS ZIP		ES TO OFFIC		☐ Cha	ange ange	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT	Agent s LE ME REET A Y-ST-2 LE ME REET A FY-ST-1	ADDRESS ZIP		ES TO OFFIC		□ Cha	ange ange	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA	Agent s LE ME REET A LE ME REET A LE ME REET A	ADDRESS ZIP		ES TO OFFIC		□ Cha	ange ange	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA	LE ME Agent s LE ME LE LE LE LE ME ME REET AI TY-ST-LE ME ME ME REET A	ADDRESS ADDRESS ADDRESS		ES TO OFFIC		☐ Cha	ange ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF	LE LE REET A Y-ST-2 LE ME REET A TY-ST-LE ME REET A TY-ST-LE ME REET A	ADDRESS ADDRESS ADDRESS		ES TO OFFIC		□ Cha	ange ange	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT	LE ME Y-ST-Z LE ME ME ME ME ME ME ME ME ME	ADDRESS ADDRESS ADDRESS		ES TO OFFIC		☐ Cha	ange ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM	LE ME Y-ST-2 LE ME TY-ST-2 LE ME TY-ST-1 LE ME TY-ST-1 LE ME LE ME LE ME LE ME LE ME M	ADDRESS ADDRESS ADDRESS		ES TO OFFIC		☐ Cha	ange ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT	LE ME REET A ME REET A ME REET A ME ME ME REET A ME ME REET A ME ME REET A ME ME REET A ME	ADDRESS -ZIP		ES TO OFFIC		Cha	ange ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4.2 NA 4.3 STF 4.4 CIT 5.1 TITL 5.	Agent s LE ME REET AI Y-ST-; LE ME REET AI Y-ST- LE ME REET AI Y-ST- LE LE LE LE LE LE LE LE LE L	ADDRESS -ZIP		ES TO OFFIC		☐ Cha	ange ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR DUNEDIN FL	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM	Agent s LE ME REET A Y-ST-2 LE ME REET A TY-ST-LE LE ME REET A TY-ST-LLE LE ME ME ME ME ME ME ME ME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ZIP		ES TO OFFIC		Cha	ange ange	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR DUNEDIN FL	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 4.1 TITL 4.2 NA 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF	LE ME REET A LE ME LE ME LE ME LE ME LE ME LE LE ME LE LE ME LE LE ME REET A LE ME REET A LE ME REET A ME	ADDRESS -ZIP		ES TO OFFIC		Cha	ange ange	Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of OF D GAGLIARDI, GLENN 942 PARKWOOD DR DUNEDIN FL	of registered agent and title if	applicable. (NOT CTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STF 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM	LE ME REET A LE	ADDRESS -ZIP		ES TO OFFIC		Cha	ange ange	Addition Addition Addition Addition

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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90014 046 ***150.00