

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L15949** (5)

1. Corporation Name
G.L.E. ASSOCIATES, INC.

Principal Place of Business 601 BAYSHORE BLVD STE 600 TAMPA FL 33606 US	Mailing Address 601 BAYSHORE BLVD STE 600 TAMPA FL 33606-2760 US
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2. Principal Place of Business 21 1451 Channelside Dr Suite, Apt. #, etc. 22 Suite 200 City & State 23 Tampa, FL Zip 24 33605	2a. Mailing Address 26 1451 Channelside Dr Suite, Apt. #, etc. 27 Suite 200 City & State 28 Tampa, FL Zip 29 33605	Country 25 US	Country 30 US
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3. Date Incorporated or Qualified 09/12/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2975164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREENE, ROBERT B. 601 BAYSHORE BLVD STE 600 TAMPA FL 33606	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1451 Channelside Dr 83 Suite 200 84 City Tampa FL 85 Zip Code 33605
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE POTS	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GREENE, ROBERT B.		1.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD, STE 600		1.3 STREET ADDRESS 1451 Channelside Dr, Suite 200	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, FL 33605	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GREENE, CAROLYN T.		2.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 600		2.3 STREET ADDRESS 1451 Channelside Dr, Suite 200	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL 33605	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOHNSON, DAVID E.		3.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD., SUITE 600		3.3 STREET ADDRESS 1451 Channelside Dr, Suite 200	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Tampa, FL 33605	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME COOK, STEPHEN		4.2 NAME	
STREET ADDRESS 601 BAYSHORE BLVD, STE 600		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0355066

4-25-97 (813) 258-8350

CR034 (9/96)