

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

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # M69235 (3)

1. Corporation Name
GLEN ESTE CORPORATION



Principal Place of Business 1300 US 27 NORTH HAINES CITY FL 33844 US	Mailing Address 1300 US 27 NORTH HAINES CITY FL 33844-2703 US
--	---

3. Date Incorporated or Qualified 02/17/1988	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2893180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 616 Peninsular Dr. 27 Suite, Apt. #, etc. 28 Haines City, FL 29 Zip 30 33844 Country
---	--

9. Name and Address of Current Registered Agent

**REINEKE, JOHN S.
1300 US 27 NORTH
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARGENT, RALPH C.		1.2 NAME	
STREET ADDRESS 616 PENINSULAR DR.		1.3 STREET ADDRESS	
CITY - ST - ZIP HAINES CITY FL		1.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SARGENT, FLORENCE C.		2.2 NAME	
STREET ADDRESS 616 PENINSULAR DR.		2.3 STREET ADDRESS	
CITY - ST - ZIP HAINES CITY FL		2.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEDDINGTON, SAM		3.2 NAME	
STREET ADDRESS 57 B MOORE RD.		3.3 STREET ADDRESS	
CITY - ST - ZIP HAINES CITY FL		3.4 CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEDDINGTON, TERRY ANNE		4.2 NAME	
STREET ADDRESS 57 B MOORE RD.		4.3 STREET ADDRESS	
CITY - ST - ZIP HAINES CITY FL		4.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REINEKE, JOHN SARGENT		5.2 NAME	
STREET ADDRESS 1302 U S 27 NORTH		5.3 STREET ADDRESS	
CITY - ST - ZIP HAINES CITY 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 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: _____ **REQUIRED** _____ **9/29/97** **9A 921-222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)