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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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 616 Peninsular Dr.	59-2893180	Not Applicable
22 City & State	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 Haines City, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	29 33844	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Country	30 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 SARGENT, RALPH C.	1.1 TITLE	
NAME	616 PENINSULAR DR.	1.2 NAME	
STREET ADDRESS	HAINES CITY FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V SARGENT, FLORENCE C.	2.1 TITLE	
NAME	616 PENINSULAR DR.	2.2 NAME	
STREET ADDRESS	HAINES CITY FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V WEDDINGTON, SAM	3.1 TITLE	
NAME	57 B MOORE RD.	3.2 NAME	
STREET ADDRESS	HAINES CITY FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	ST WEDDINGTON, TERRY ANNE	4.1 TITLE	
NAME	57 B MOORE RD.	4.2 NAME	
STREET ADDRESS	HAINES CITY FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V REINEKE, JOHN SARGENT	5.1 TITLE	
NAME	1302 U S 27 NORTH	5.2 NAME	
STREET ADDRESS	HAINES CITY FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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

4/29/97 941 421-242
Date Daytime Phone #

CR2E034 (9/96)