

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

FILED

Jan 22 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 # P34866

(4)

1. Corporation Name  
GLANDER INTERNATIONAL, INC.



Principal Place of Business

2401 PGA BOULEVARD, SUITE 236  
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BOULEVARD, SUITE 236  
PALM BEACH GARDENS FL 33410-3515

3. Date Incorporated or Qualified  
07/25/1991

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

13-1934902

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

DAMON, CONRAD  
1555 PALM BEACH LAKES BLVD  
SUITE 1000  
WEST PALM BEACH FL 33401

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

(If the corporation is a limited liability company, the signature of the registered agent is required.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | CAMMARATA, MICHAEL         |                                 |
| STREET ADDRESS | 13387 MILES STANDISH       |                                 |
| CITY-ST-ZIP    | PALM BEACH GDNS. FL        |                                 |
| TITLE          | DT                         | <input type="checkbox"/> DELETE |
| NAME           | CAMMARATA, ANTHONY         |                                 |
| STREET ADDRESS | 13344 MILES STANDISH       |                                 |
| CITY-ST-ZIP    | PALM BCH GARDENS FL        |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | IZSO, THOMAS A.            |                                 |
| STREET ADDRESS | 100 SHORE CT, BLDG. A #313 |                                 |
| CITY-ST-ZIP    | N PALM BCH FL              |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | COLLITON, JOHN M.          |                                 |
| STREET ADDRESS | 11660 LANDING PLACE        |                                 |
| CITY-ST-ZIP    | NORTH PALM BEACH FL        |                                 |
| TITLE          | DS                         | <input type="checkbox"/> DELETE |
| NAME           | MESSINA, LAWRENCE          |                                 |
| STREET ADDRESS | 4296 HUNTING TRAIL         |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL              |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | ADAMS, KERI                |                                 |
| STREET ADDRESS | 113 BONEFISH SIRCLE        |                                 |
| CITY-ST-ZIP    | JUPITER FL                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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 I am listed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY CAMMARATA

Date

1/10/97

Daytime Phone #

561-625-5500

0303430

CR2E034 (9/96)