

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90011 041 ***300.00

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| • PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P93000044224

1. Corporation Name
GLENCREST PROPERTIES, INC.

| | |
|--|--|
| Principal Place of Business 554 EAGLES CROSSING PLACE LAKE MARY FL 32746 US | Mailing Address P.O. BOX 952913 LAKE MARY FL 32795 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 06/21/1993 | Applied For Not Applicable |
| 4. FEI Number 59-3192857 | |
| 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 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 |
|---|--|

9. Name and Address of Current Registered Agent

PALOMBI, LAWRENCE M
~~554 EAGLES CROSSING PLACE~~
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

| | |
|--|-------------------|
| 81 Name Same | 85 Zip Code FL |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1267 Glencrest Dr | |
| 83 P.O. Box 952913 | |
| 84 City | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALOMBI, LAWRENCE M | 1.2 NAME | |
| STREET ADDRESS | 554 EAGLES CROSSING PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALOMBI, MARY T | 2.2 NAME | |
| STREET ADDRESS | 554 EAGLES CROSSING PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALOMBI, MICHAEL L | 3.2 NAME | |
| STREET ADDRESS | 554 EAGLES CROSSING PLACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARKER, LAURA P | 4.2 NAME | |
| STREET ADDRESS | 554 EAGLES CROSSING PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRADDOCK, ANNE P | 5.2 NAME | |
| STREET ADDRESS | 554 EAGLES CROSSING PLACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PALOMBI, GREGORY J | 6.2 NAME | |
| STREET ADDRESS | 554 EAGLES CROSSING PLACE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | 6.4 CITY-ST-ZIP | |

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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence M. Palombi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

407-333-3820

Daytime Phone #

CR2E034 (11/98)