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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045923 (8)

G.L.J. MANAGEMENT GROUP, INC.

officer or director of the corporation or the Block 12 or Block 13 if changed, or on

FILED May 13 1998 8:00am Secretary of State



Principal Place or Business		Mailing Address			
600 BYPASS DRIVE		600 BYPASS DRIVE			
SUITE 220		SUITE 220			DO NOT WRITE IN THIS SPACE
CLEARWATER FL 33764		CLEARWATER FL 33764	CLEARWATER FL 33764		
					3. Date Incorporated or Qualified
					06/29/1993
·	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3 195344 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	p Country Zip		Country		8. This corporation owes or has paid the current year Intangible
24	26 29 30		30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
RÓ	SSIGNOL, MONICA		81	Name	ne
	D BYPASS DRIVE		82 Street Ad		et Address (P.O. Box Number is Not Acceptable)
	ITE 220		5treet Ad		et Address (P.O. Box Number is Not Acceptable)
	EARWATER FL 33764		83	<u> </u>	
00	DAMAILM 1 E 00704				
			84	City	B5 Zip Code
dd Discound	to the previous of Continue 607 REC	23 and 607 1509. Florida Ptatute	o the shou		_ P ==
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					
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 ag-			eni signatur	ature required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	POCCIONOL ICOPOLI D	□ bereig	1.1 TITLE		Clarite Character
NAME	ROSSIGNOL, JOSEPH P		1.2 NAME		
STREET ADDRESS	600 BYPASS DRIVE SUITE 2	20	1.3 STREET	ADDRESS	SS
CITY-ST-ZIP	CLEARWATER FL 33764		1.4 CITY - S	I-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROSSIGNOL, MONICA E		2.2 NAME		
STREET ADDRESS	600 Bypass Drive Suite 2	20	2.3 STREET	ADDRESS	ss
CITY-ST-ZIP	CLEARWATER FL 33764 2.4		2. 4 CITY-	ST-ZIP	<u>.</u>
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET	ADDRESS	ss
CITY-ST-ZIP			3.4. CITY -	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	22390114	82
CITY-ST-ZIP			4.4 CITY-5		~
TITLE		DELETE	5.1 TITLE	71 ^ CIP	Change Addition
		_ outli			
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		22
CITY-ST-ZIP		T Arcete	5.4 CITY - S	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	SS
CITY-ST-ZIP			6.4 CITY-S		
14. I hereby o	pertify that the information supplied v	rith this filing does not qualify for	r the exemp	tion stat	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information