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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	"This payment"	
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DOCUMENT #	P93000048	080 (4)

GLENRA	MENT # P9300 ND CORP.		)						
Principal Place of Business Mailing Address 2841 N.E. 32ND ST. 2841 N.E. 32ND ST. SUITE 6					F 140 140 1 112 10 100 1141 1 0 144 10 111 1 0 11	II BEILL GIRO	i imii maint iaii	i Bâlé (DV)	
	LE FL 33308-2016	FT. LAUDERDALE FL 3	3306-2016			3. Date Incorporated or Qualified 07/08/1993		ate of Last R	eport
2. Principal Pi	ace of Business	2a. Mailing Address				4, FEI Number 65-0423395	1 00/	Ap	pplied For
Suite Apt.	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State 3	3	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
Zip 4	Country 25	Zip <b>29</b>	30	ountry			Yes [	□ No	199.032,
·	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
888	nstein, Michael East Las Olas Boulevar NT Lauderdale FL 33301	D, SUITE 710		62	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
				83 84				85 Zip (	Code
I1. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta ate of Florida. Such change wa	atutes, the	abovi	e-named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	FL ourpose o	f changing it cointment as	s registered
SIGNATURE	rn familiar with, and accept the ob-					red when reinstating)	DATE		
2.		AND DIRECTORS	13		ark arginaturo regor	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
IITLE	DPS	☐ DELETE	1.1	TITLE			***	Change	Addition
iame	Webb, Marilyn W		1.2	NAME					
IREET ADDRESS	2841 N.E. 32 ST., STE. в		1.3	STREET	ADDRESS				
OTY-ST-ZIP	FT LAUDERDALE FL 33306	-2016	1.4	CITY-S	ST-ZIP				
iJLE		☐ DELETE	21	TITLE				Change	Additio
AME .			2.2	NAME					
TREET ADDRESS					ADDRESS				
11Y-S1-7#*		T DELETE		CITY-	ST-ZIP		<u> </u>	Change	Additio
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NAME STREET AINSPECE				NAME	ADDRESS				
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IAM:		<del></del>		NAME		•			
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COLY - ST - ZIP			5.4	CITY-S	ST-ZIP				
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STREET ADDRESS			6.3	STREET	T ADDRESS				
P11Y . \$1 . 7/P			6.4	DITY-S	27.7ID				

**SIGNATURE:** 

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.

**FILED** 

Apr 28 1997 8:00am

Secretary of State