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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000048080 (4) DOCUMENT #

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GLENNAND CORF.	
Principal Place of Business	Mailing Address
2841 N.E. 32ND ST. SUITE 6 FT. LAUDERDALE FL 33306-2016	2841 N.E. 32ND ST. SUITE 6 FT. LAUDERDALE FL 33306-2016
Principal Place of Business	2a. Mailing Address
<u> </u>	26
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## FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1993 4. FEI Number Applied For 65-0423395 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 24 Personal Property Tax due June 30. 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FEINSTEIN, MICHAEL 888 EAST LAS OLAS BOULEVARD, SUITE 710 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 83 85 Zip Code 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 obligating of Section 207,0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPS DELETE Change Addition TITLE 1.1 TITLE WEBB, MARILYN W NAME 1.2 NAME 2841 N.E. 32 ST., STE. 6 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33306-2016 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 Plack 13 of Plack 1