Eil	E NOW: FILING FEE AF	TED MAY	ICT IC	<b>\$</b> 22	n nn		
F COR ANNU	PROFIT PORTION AL REPORT	FLORIDA DEPARTMENT OF STATE Katherine Harrie Secretary of State DIVISION OF CORPORATIONS					T
	<del></del>			-		99 DEC -6 PH 12: 38	
1. Corporation	MENT # P93000075 on Name	408				SECRETAR OF STATE TALLAHASSEE, FLORIDA	
GLEN'S	TENTS AND TABLE	RENTAL S	SERVI	CES	, INC	c.)	
Principal Place 9901 N BAY 3-	W 80TH AVENUE	Mailing Address 9901 NW BAY 3-T		'A	/ENUE		
	H GARDENS, FL	HIALEAH GARDENS, FL				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	ı
33016	Place of Business	33016				11/01/93 4. FEI Number   Applied For	l
21		2a. Mailing Address				65-0423466 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired j \$8.75 Additional Fee Required	l
City & Stat	e	City & State				6. Election Campelign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country [25]	Zip 29	[34	Cour	ntry	8. This corporation owes the current year intangible Personal Property Tax. X Yes   No	
	9. Name and Address of Current I	[= <u>=</u> ]				10. Name and Address of New Registered Agent	
					81 Name		ĺ
RAMGOO:	LAM, GLEN			ĺ	82 Street A	Address (P.O. Box Number is Not Acceptable)	ĺ
9901 N	W 80TH AVENUE			Ì	83	<del></del>	ĺ
BAY 3-				ł	84 City	a [85] Zip Code	l
		3016	dda Ctab			ned corporation submits this statement for the purpose of changing its	l
registered as registe	office or registered agent, or both, in the red agent. I am familiar with, and acce	the State of Florida	Such chi	ange w 607.0	ss authorize 505, Florida	ted by the corporation's board of directors. I hereby accept the appointment a Statutes.	
SIGNATURE :			- N EV-	415	<del></del>	PAST	ءا
12.	Signature, typed or printed name of registers  OFFICERS AND DIF		picable.	13.	TE: Registers	red Agent eigneture required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Ş
TITLE	PRESIDENT	j	DELETE	1.1 Ti		VICE-PRESIDENT   Change   X Addition	È
NAME STREET ADDRESS	RAMGOOLAM, GLEN 9901 NW 80TH AVE	NUE. BAY	′ 3-ሞ	1.2 NA 1.3 ST	ime Treet address	RAMGOOLAM, CHRIS   9901 NW 80TH AVENUE, BAY 3-T	٤
CITY - ST - ZIP	HIALEAH GARDENS,				TY - 6T - ZIP	HIALEAH GARDENS, FL 33016	Š
TITLE		j	DELETE	2.1 T)		j Change j Addition	C
NAME STREET ADDRESS				2.2 N/ 2.3 ST	wie Reet address	s	
CITY - ST - ZIP				_	TY - ST - ZIP		١.
TITLE NAME		J	DELETE	3.1 TO 3.2 M		100003078 <b>98</b> 1-4444 -12/22/9901082019	4
STREET ADDRESS			i		REET ADDRESS	******61.25 ******61.2	5
CITY - ST - ZIP	<del></del>	<del></del> -			TY - ST - ZIP		
TITLE NAME		J	DELETE	4.1 Til 4.2 NA		j Change j Addition	ı
STREET ADDRESS			1		REET ADORESS	s	
CITY - ST - ZIP				4.4 CF	TY • ST • ZIP		ı
TITLE		J	DELETE	6.1 Ti		j Change j Addition	ĺ
NAME STREET ADDRESS				5.2 NA 5.3 ST	MIL REET ADDRESS	s	
CITY - ST - ZIP				6.4 CI	TY - ST - ZIP	* <b>1.78</b>	ĺ
TITLE		j	DELETE	6.1 77	_	j Change j Addition	
NAME STREET ADDRESS				6.3 ST	ME REET ADORESS	s	
CITY - ST - ZIP					TY - ST - ZIP		

305.388.9742 Daytime Phone #

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 of Block 13 if Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description

Descri STF FL32381F.1

SIGNATURE:

CITY - ST - ZIP