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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000051660**1. Corporation Name

J. F. GLUS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90011 036 ***150.00



2175 STATE ROAD 84 FT. LAUDERDALE FL 33312		2175 STATE ROAD 84 FT. LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE					
						0	ate Incorporated or Qualifed 7/08/1994				
2. Principal Pl	ace of Business	2a. Mailing Address					El Number				ied For
21 750	of Sw 26 to Ct.	26				6	<u>5-0501775</u>			.——	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 C	ertifcate of Status Desired				ditional
22		27				J. 0			Fe	e Req	uired
City & State	ic 72	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip 33	Country 314 25 BROWARD	Zip 30				 This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Current					10. N	lame and Address of New R	egistered A	gent		
			81	١	Name						
GLUS, JAMES F					Street Addres	acc (P A). Box Number is Not Accepta	hle)			
2175 STATE ROAD 84					Jucet Addre.	C. 1) EES	, box Hallious la Hot Hoopia	5.57			
FT. L	AUDERDALE FL 33312		83								
	والمعاد والمساور		84	(City			FI	85	Zip Co	ode
44 Dureupet	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes 1	he above	e-n	amed corpor	oration s	submits this statement for the	nurnose of o	hangir	ıg its r	gistered
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 egent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND	DIRECTORS	13.			AD	DITIONS/CHANGES TO OFF	ICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE						Cha	ange	☐ Addition
NAME	GLUS, JAMES F		1.2 NAME								
STREET ADDRESS	2175 STATE ROAD 84		1.3 STREE	TAD	DRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY-S	ST-Z	IP .						
TITLE		☐ DELETE	2.1 TITLE						☐ Cha	ange	☐ Addition
NAME		l l	2.2 NAME								
STREET ADDRESS			2.3 STREE	TAD	DORESS				-	- ~	
CITY-ST-ZIP			2. 4 CITY-S	ST-Z	ZIP						
TITLE		☐ DELETE	3.1 TITLE						Chi	ange	☐ Addition
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREE	TAC	DORESS						
CITY-ST-ZIP			3 4. CITY-5	ST-Z	ZIP						
TITLE		☐ DELETE	4.1 TITLE						Cha	ange	Addition
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	TAC	DDRESS						
CITY-ST-ZIP			4.4 CITY-S	ST-Z	JP						
TITLE		☐ DELETE	51 TITLE	_					☐ Cha	ange	Addition
NAME			52 NAME								
STREET ADDRESS			5.3 STREE	TAD	DDRESS						
CITY-ST-ZIP			5.4 CITY-S	ST-Z	IP						
TITLE		☐ DELETE	6.1 TITLE						☐ Cha	ange	☐ Addition
NAME			6.2 NAME								
STREET ADDRESS 6.3 STI				TAC	DDRESS						
l											

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 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, with all other like empowered.

SIGNATURE: _