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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000007066

1. Corporation Name

GLM INTERNATIONAL INC.

GEN MYENWANDIALE, MO	
Principal Place of Business	Mailing Address
_4 01-150711 AVE # 200- - MADEIRA-BEACH FL-3 3708	-401-150TH AVE -#288- M adeira-Beach Fl-

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90137 033 ***150.00



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Principal Plac	e of Business	Mailing Address									
401-150TH AVE	<u> </u>	-401-150TH AVE									
#200	011 EL 00300	- #288 - MADEIRA-BEACH-FL-38708				DO.	NOT WD	ITE IN TI	IS SPACE		
MADEIRA BEA(3H FE-2 3/08	MADEINA BEACH TE 30700			3 Date I	ncorporated o			IIG GFACE		;]
						3/1995	n Quantou				:
2 Bringing D	Place of Business	2a. Mailing Address			4. FEI N	·				Appl	ied For
	RODANIELLE CT	26 P.O. Box	8126			286570			-		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	01.4						\$8.7		Iditional
22	#, Cic.	27		•	5. Certifo	ate of Status	Desired	ń	v	a Req	I
City & Stat	te .	0.1 0 01-1-	- /		6. Election	on Campaign	Financing		\$5.	00 M	lay Be
23 5em	INOLO FL	28 MADEIRA D	rezett .	FZ_	_	Fund Contribu	_			led to	
Zip	Country	28 MADEIRA D Zip 33738 31	Çouptiy	1	8. This c	orporation ow	es the cur	rent year	Intangible		
24 33	774 25 PINA 1/45	29 33/38 3	OTNULL	A S	Perso	nal Property 1	Гах.		☐ Yes	, Y	ŹNo
	9. Name and Address of Curre	ent Registered Agent			10. Name	and Addres	s of New	Register	ed Agent		
LIAN	III TOM DOMALD I		81 Na	me							
	AILTON, RONALD J		82 Str	eet Addres	ss (P.O. Bo	x Number is t	lot Accept	able)			
	-150TH AVE					ANIEI1A					
#26			83						•		
MAC	DEIRA BEACH FL-33708	•	84 Cit	v	1				. 85	Zip Co	ode ,
				SEM	11 NO 14	e			·L	337	776
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes	, the above-nar	ned corpor	ration subm	its this staten	ent for the ereby acce	purpose of the ac	of changin	g its re is reai	egistered stered
onice or i	registereo agent, or both, in the State	C CO7 OFOE Florid	- Ct-tut-	o por a non		a	,	p			
agent. I a	am familia with, and accept the oblig	nations of Section 607.0505, Flund	a Statutes.								1
	registered agent, or both, in the State am familiar with, and accept the oblig	milton									}
agent. I a	Signature, typed or printed same of registered ag	nent and title if applicable. (NOTE: Re	egistered Agent signa		when reinstating)		DATE			
SIGNATURE	Signature, typed or printed arms of registered age	gent and title if applicable. (NOTE: Re	egistered Agent signa	ture required v	when reinstating			DATE	AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE	Signafure, typed or printed Arme of registered agr OFFICERS A	nent and title if applicable. (NOTE: Re	agistered Agent signa 13.	ture required v	when reinstating) ONS/CHANG	ES TO OF	DATE		CTOR	
SIGNATURE 12. TITLE NAME	Signifure, typed or printed arms of registered agr OFFICERS A PD MEISNER, GEORGE R	gent and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ture required v	when reinstating ADDIT	ONS/CHANG	ES TO OF	DATE	AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signifure, typed or printed Arme of registered agr OFFICERS A PD MEISNER; GEORGE R 401-150TH AVE #200	gent and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR	ture required v	ADDITION OF A PROPERTY OF A PR	ONS/CHANG	ES TO OF	DATE FICERS	AND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signifure, typed or printed arms of registered agr OFFICERS A PD MEISNER, GEORGE R	pent and title if applicable. (NOTE: Re ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ture required v	ADDITION OF A PROPERTY OF A PR	ONS/CHANG	ES TO OF	DATE FICERS	AND DIRE	CTOR	S IN 12
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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:

727-398- 1582