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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018969 Glo-Win Enterprises Inc. FILED
May 08 1998 8:00am
Secretary of State

| Principal Place of Business Mailing Address   |  |                                |                      |   |   |   |                                   |  |
|---|--|--------------------------------|----------------------|---|---|---|-----------------------------------|--|
| 1215-B Armstrong Blud 1215-B Armstrong Blud Kissimmee, Fl   |  |                                |                      |   |   |   |                                   |  |
| KISSIMMEE IT  |  |                                |                      |   | 34741   |   |                                   |  |
| V.5.  |  |                                | •                    |   |   | 3. Date Incorporated or Qualified                 |                                   |  |
| 2. Principal F  | Place of Business                          | 2a. Mailing Address            | Mailing Address      |   |   | 4. FEI Number                                     | Applied For                       |  |
| 21  |  | 26                             |                      |   |   | 59-3363201  | Not Applicable                    |  |
| Suite, Apt.   | #, etc.                                    | Suite, Apt. #. etc.            |                      |   |   | 5. Certificate of Status Desired                  | \$8.75 Additional<br>Fee Required |  |
| City & Stat   | 10   | City & State                   |                      |   |   | 6. Election Campaign Financing                    | \$5.00 May Be                     |  |
| 23  |  | 28                             |                      |   |   | Trust Fund Contribution                           | Added to Fees                     |  |
| Zip   | Country                                    | Zip Country                    |                      |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |   |                                   |  |
| 24  | 9. Name and Address of Current             | 29 Registered Agent            | 30                   |   |   | 10. Name and Address of New Registers             |                                   |  |
|   |  |                                |                      |   | Name  | To traine and readings of the violator            |                                   |  |
| Winter, Gloria F.<br>268 Shinoak Dr.<br>Orlando, Fl 32837   |  |                                |                      | 82 Street Address (P.O. Box Number is Not Acceptable) |   |   |                                   |  |
| 26  | of Shinoak Ur.                             |                                |                      |   | Street Addres   | ddress (P.O. Box Number is Not Acceptable)        |                                   |  |
| 01  | lando, I-1 328                             | 37                             |                      |   |   |   |                                   |  |
|   |  |                                |                      | 84  | City  |   | 85 Zip Code                       |  |
| 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   |  |                                |                      |   |   |   |                                   |  |
|   |  |                                |                      | egistered Agent signature required                    |   | ADDITIONS/CHANGES TO OFFICERS A                   | ND DIDECTORS IN 12                |  |
| 12.   | OFFICERS AND DIRECTORS  DELETE             |                                |                      | 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS                 |   | ADDITIONS/CHANGES TO OFFICERS A                   | Change Addition                   |  |
| NAME  | Winter, Gloria F.                          |                                |                      |   |   |   | and ordings and required          |  |
| STREET ADDRESS  | abbs Shinoat Or                            |                                |                      |   |   |   |                                   |  |
| CITY-ST-ZIP   | Orlando, FI                                | 32837                          | 1.4 CIT              |   | - 1   |   |                                   |  |
| TITLE   | - 4-                                       | DELETE                         | 2.1 TITI             |   |   |   | Change Addition                   |  |
| NAME  | aws shinoak or                             |                                |                      | 2.2 NAME<br>2.3 STREET ADDRESS                        |   |   |                                   |  |
| STREET ADDRESS  |  |                                |                      |   |   |   |                                   |  |
| CITY-ST-ZIP   | Orlando, F                                 | 32837                          | 2 4 CII              | Y-S   | r - ZIP   |   |                                   |  |
| TATLE   | ,  | ☐ DELETE                       | 3.1 <del>11</del> 11 |   | İ   |   | ☐ Change ☐ Addition               |  |
| NAME  |  |                                | 3.2 NA               |   |   |   |                                   |  |
| STREET ADDRESS  |  |                                |                      |   | ADDRESS :   |   |                                   |  |
| CITY-ST-ZIP   | DELETE                                     |                                |                      | 34 CITY-ST-ZIP  |   |   | ☐ Change ☐ Addition               |  |
| NAME  |  | Detert.                        | 4. 2 NA              |   |   |   | - onengo - noution                |  |
| STREET ADDRESS  |  |                                |                      |   | ADORESS   |   |                                   |  |
| CHTY-ST-ZIP   |  |                                | 44 CIT               |   | ſ   |   | 1                                 |  |
| TITLE   |  | ☐ DELETE                       | 5 1 TITE             |   |   |   | Change / L Addition               |  |
| NAME  |  |                                | 5.2 NAN              | νIE   |   | فراها فالمراء فرساء فرساء فرساء فرساء فرساء فرساء | /// /                             |  |
| STREET ADDRESS  |  |                                | 5.3 STR              | EET A   | NDORESS   | 50000252 <b>4</b><br>-05/12/9801068-              |                                   |  |
| CITY - \$1 - ZIP  | <u></u>                                    |                                | 5.4 CIT              | Y-\$1   | - ZIP   | -05/12/5801068-<br>***150.80                      | 7495/ 0                           |  |
| TITLE   |  | ☐ DELETE                       | 6.1 TITU             | E   |   | ****100.00  | Change Addition                   |  |
| NAME  |  |                                | 6 2 NAM              | ΑE  |   |   |                                   |  |
| STREET ADDRESS  |  |                                | 63STR                | EET A   | NDDRESS   |   |                                   |  |
|   |  |                                |                      | 4CIY-SI-ZIP   |   |   |                                   |  |
| 14. I hereby o  | certify that the information supplied with | ithis filing does not qualify. | tor the exer         | nptii   | on stated in Se   | ection 119.07(3)(I), Florida Statutes. I further  | certify that the information      |  |