

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034937 (9)

1. Corporation Name

GLEN MANAGEMENT SERVICES, INC.



Principal Place of Business

**4301 OAK CIRCLE, SUITE 18
BOCA RATON FL 33431**

Mailing Address

**4301 OAK CIRCLE, SUITE 18
BOCA RATON FL 33431**

2. Principal Place of Business

21 **4301 OAK CIRCLE**

22 State, Apt. #, etc.
23

23 City & State
BOCA RATON FL

24 Zip
33431

25 Country
USA

2a. Mailing Address

26 **4301 OAK CIRCLE**

27 State, Apt. #, etc.

28 City & State

29 Zip
33

30 Country

3. Date Incorporated or Qualified
05/04/1995

3a. Date of Last Report

4. FEI Number
65-0582484

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name
GLEN CAROL ANN

82 Street Address (P.O. Box Number is Not Acceptable)
4301 OAK CIRCLE # 23

83

84 City
BOCA RATON FL

85 Zip Code
33431

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE

[Signature]

CAROL ANN GLEN

2/4/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLEN, CAROL ANN	
STREET ADDRESS	4301 OAK CIRCLE, SUITE 18	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**800001755558
-03/25/96--01019--008
***200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL ANN GLEN

2/4/96. (407) 392-0977

CR2E034 (12/95)