

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortram Secretary of State DIVISION OF CORPORATIONS
---	--

**DOCUMENT #** P 95 0000 34 937  
 1. Corporation Name **GLEN MANAGEMENT SERVICES INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4307 OAK CIRCLE	26	4301 OAK CIRCLE	5/4/95	
Suite, Apt. #, etc. #23		Suite, Apt. #, etc. #23		4. FEI Number	Applied For / Not Applicable
City & State BOCA RATON FL		City & State BOCA RATON FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	33431	28	33431	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	USA	29	USA	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

**9. Name and Address of Current Registered Agent**  
 L.S. SPIEGEL  
 343 ARMERIA AVE  
 CORAL GABLES, FL, 33134

**10. Name and Address of New Registered Agent**

81	Name	CAROL GLEN
82	Street Address (P.O. Box Number is Not Acceptable)	4301 OAK CIRCLE #23
83	City	BOCA RATON FL
84	Zip Code	33431

I, 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 \_\_\_\_\_ DATE 6/30/96

**12. OFFICERS AND DIRECTORS**

TITLE	Pres. Sec TREAS.	<input type="checkbox"/> DELETE
NAME	CAROL GLEN	
STREET ADDRESS	4301 OAK CIRCLE #23	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	800001890078
54 CITY - ST - ZIP	-07/10/96--01093--040
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	***225.00
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 6/30/96 561 392-0977

CR2E034 (3/96)