

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

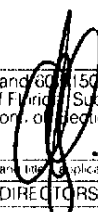
DOCUMENT # **P 95000034937**
 1. Corporation Name
GLEN MANAGEMENT SERVICES

Principal Place of Business Mailing Address
**4301 OAK CIRCLE #23
BOCA RATON, FL 33431.**

| | | | |
|---|---------------------------|---|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 4301 OAK CIRCLE | 26 4301 OAK CIRCLE | 5/4/95 | — |
| 22 # 23 | 27 # 23 | 4. FEI Number | Applied For |
| 23 BOCA RATON | 28 BOCA RATON | 65-0582484 | Not Applicable |
| 24 3343 | 25 USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 29 33431 | 30 USA | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | ANDREWS B. GLEN |
| | | 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 607.0502 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4/25/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAROL GLEN | 1.2 NAME | |
| STREET ADDRESS | 4301 OAK CIRCLE #23 | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | BOCA RATON, FL, 33431 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 600002162086 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -05/01/97--01075--024 |
| CITY, ST, ZIP | | 6.4 CITY-ST-ZIP | ***165.00 |

14. I do 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 reported 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.

SIGNATURE:  DATE: **4/25/97** (561) 392-0977

CR2E034 (9/96)