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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047252 (8)

GL PRODUCTIONS, INC.

FILED May 05 1997 8:00am Secretary of State



| | ace of Business | Mailing Addre | I\$ S | | | J HORLEGON COM HAIRN AUNIO MONIT OUTIN ORDIN | DOVIL BYDLI FOL | in india filit | J MM IEM |
|--|---|------------------------------------|---|--|---|--|-----------------|----------------------|-----------------------|
| OVIEDO FL | rsdale street 32785 | | 1053 VAN ARSDALE STREET OVIEDO FL 32765-9278 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/15/1995 | ι | of Last Re 2/1996 | eport |
| r | Place of Business | 2a. Mailing Ad | ldress | | | 4. FEI Number; | | | plied For |
| 21 | | 26 | # -1- | | | 59-3319337 | | | t Applicable |
| Suite, Ap | л π, €10 | Suite, Apt. | #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & St | ate | City & Stat | e | ······································ | | 6. Election Campaign Financing | | \$5.00 | · <u>·</u> |
| 23 | | 28 | | | • | Trust Fund Contribution | | Added t | |
| Ζφ | Country | Zip | | Country | ' | 8. This corporation has liability for in | | | . 199.032, |
| 24 | 25 | 29 | 30 | <u>」</u> | | | Yes 🗌 | | |
| | 9. Name and Address of (| Current Registered Agen | <u>t</u> | 81 | None | 10. Name and Address of New Reg | latered Ag | ent | |
| | SHINSKY, GARY | | | 81 | Name | | | | |
| 1053 VAN ARSDALE STREET | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 01 | /IEDO FL 32765 | | | 83 | | | | | |
| | | | | | | | | | |
| ĺ | | | | 84 | City | | FL | 65 Zip (| Code |
| 11. Parenar | nt to the provisions of Sections 60 | 77 0502 and 607 1508 Fig | vida Statutes | the above | a-named cor | poration submits this statement for the pr | | nanging it | s registered |
| office o | r registered agent, or both, in the | State of Florida. Such ch | ange was auth | horized by | the corpora | ation's board of directors. I hereby accep | the appoir | itment as | registered |
| | | obligations of, Section of | J7.U5U5, FIORIA | ia Statutes | S. | | | | |
| SIGNATURE | Stgriature, typed or printed name of registi | ered agent and title if acclicable | (NOTE: R | egistered Ape | ent signature requ | ired when reinstating) | DATE | | |
| 12. | | RS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | | RECTOR | IS IN 12 |
| TiTLE | PCEO | | DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | Lashnsky, gary | | | 1.2 NAME | j | | | | |
| STREET ADORES: | s 1053 VAN ARSDALE STR | EET | | 1.3 STREET | ADDRESS | | | | |
| | | | | 1.4 CITY - S | T - ZIP | | | | |
| C+TY - \$1 - ZIP | OVIEDO FL 32765 | | | | | | | | Addition |
| THILF | OVIEDO FL 32765 | | DELETE | 2.1 TITLE | | | | Change | ADDITION LINE |
| | ST Lashinsky, Elizabeth | A | DELETE | | | | Ţ. | Change | - ADOINOR |
| TITLE | ST Lashinsky, Elizabeth | A | DELETE | 2.1 TITLE | ADDRESS | | | Change | FILL PROVIDE |
| TITLE NAME | ST Lashinsky, Elizabeth | A NEET | | 2.1 TITLE 2.2 NAME | | | | | |
| THEF NAME STREET ADDRESS | ST Lashinsky, Elizabeth 1053 van Arsdale Str | A NEET | DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET | | | | Change | Addition |
| TITLE NAM: STREET ADDRESS CITY - ST - ZIP | ST Lashinsky, Elizabeth 1053 van Arsdale Str | A NEET | | 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-5 | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE | ST LASHINSKY, ELIZABETH 1053 VAN ARSDALE STR OVIEDO FL 32765 | A NEET | | 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-5 3.1 TITLE | ST-ZIP | | | | |
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• I do nereby 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 inual 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 property of the 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 that my name with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/1/97 (407) 365 25L