


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000070938 (2) 1. Corporation Name G.L. SAYNE, INC.					
Principal Place of Business 12451 JULIA ST SEMINOLE FL 34642 US			Mailing Address 12451 JULIA ST SEMINOLE FL 34642 US		
2. Principal Place of Business 21 16012 4th St E 22 Suite, Apt. #, etc.		2a. Mailing Address 26 16012 4th St E 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/11/1995	
23 Redington Bch FL 24 33708 25 USA		28 Redington Bch FL 29 33708 30 USA		4. FEI Number 59-3335353 Applied For Not Applicable	
9. Name and Address of Current Registered Agent SAYNE, GARY L 12451 JULIA ST SEMINOLE FL 34642				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 to 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.				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Redington Beach FL 85 33708	
SIGNATURE <i>Gary L Sayne</i> 4-15-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP					
D SAYNE, GARY L 12451 JULIA ST SEMINOLE FL					
1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary L Sayne* 4-15-98 813-319 6922

CR2E034 (10/97)