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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 29 1997 8:00am

Secretary of State

DOCUMENT # P95000095244 (6)

**GLENDALOCH ENTERPRISES, INC.** 

Principal Place of Business Mailing Address					- I ABBANKON AKU ADADA BENIN DANIN DBANK BBANK	POLIT IBIDI DINID IIDII	E(E))
2560 SOUTH OCEAN BOULEVARD #710 PALM BEACH FL 33480		<b>#710</b>	2560 SOUTH OCEAN BOULEVARD #710 PALM BEACH FL 33480-5458				
					3. Date Incorporated or Qualified 12/15/1995 3a. Date of Last Report 01/16/1997		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	1 37.07.00	Applied For
21		26			65-0629171		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	10.	5 Additional	
City & State		City P. Ctolo	City & State			Fe	beriupeR e
23		28		6. Election Campaign Financing \$5.00 May Be			
Zip Country			Zip Country		Trust Fund Contribution		
25		1n	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes X No		
	9, Name and Address of Curre				10. Name and Address of New Reg		
MAN	IIKAS, WILLIAMS			81 Name			
639	EAST OCEAN AVENUE		+	82 Street Add	ress (P.O. Box Number is Not Acceptab	(a)	
	E 307			on con reco	reas (i .e. box Number is Not Acceptab	10)	
BOY	NTON BEAACH FL 33435		ſ	83			
			ŀ	84 City		B5 2	Zip Code
				' '			, and the second
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was patiens of, Section 607.0505, I	s authorized Florida Statu	by the corporations.	poration submits this statement for the pition's board of directors. I horeby accep	urpose of changil t the appointmen	ng its registered Las registered
OIGHNIOHE	Signature, typed or printed name of registered ag		OII Registered	Agent signature requi	red when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	POST	DELETE	1.1 111	LE		L Char	ge 🔲 Addition
NAME	DWYER, MARY KATHLEEN 2560 S. OCEAN BLVD., #710		1.2 NA	·	·		
STREET ADDRESS	PALM BEACH FL 33480			REET ADDRESS			ĺ
CITY-ST-ZIP TITLE	TAUN DEACHTE 33400	☐ DELETE		Y-\$1-ZIP			. [] 4440
NAME		Dittil	2.1 TIT 2.2 NAI	f		L Chan	ge L Addition
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				IY-ST-ZIP			
TOLE		DEIFTE	3.1 TIT			Chan	pe Addition
NAME			3.2 NAI	ME		Branch D. C.	
STREET ADDRESS			3.3 STF	REET ADDRESS			
CITY-ST-ZIP			3.4 00	Y-ST-71P			
TITLE		DELETE	4 1 111	.E		☐ Chan	ge Addition
NAME			4 2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		L. DELETE	5.1 Titt			Chan	ge 🔲 Addition
NAME			5.2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		Y - S1 - 7/P		[ ] AL	an Addition
NAME		E'' OLTRIE	6.1 T/T			∟ Chan	ge Addition
STREET ADDRESS			6.2 NA				
CITY-ST-ZIP	en ya sa sa sa			EE1 ADDRESS			
14. I do berek	ov certify that the information supplie	d with this filing does not aux	dify for the e	Y-\$1-ZIP exemption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify t	hat the
l am an of	in indicated on this annual report of s	supplemental annual report is r the receiver or trustee emne	strue and ad owered to ex	ecurate and that	my signature shall have the same legal it as required by Chapter 607, Florida St	affect as if made	under eeth, that