

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

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013340 (0)

1. Corporation Name
JOHN B. GLOVER AND ASSOCIATES, INC.



Principal Place of Business 1001 S.W. 2ND AVENUE SUITE 3261 BOCA RATON FL 33432	Mailing Address 1001 S.W. 2ND AVENUE SUITE 3261 BOCA RATON FL 33432-7198
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3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
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2. Principal Place of Business 21 301 Crawford Blvd. Suite, Apt. #, etc. 22 SUITE 100 City & State 23 BOCA RATON, FL. Zip 24 33432	2a. Mailing Address 26 301 Crawford Blvd. Suite, Apt. #, etc. 27 SUITE 100 City & State 28 BOCA RATON, FL Zip 29 33432	Country 25 USA 30 USA
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4. FEI Number 65-0644616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GLOVER, JOHN B
1001 S.W. 2ND AVENUE
SUITE 3261
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name Glover, John B.
82 Street Address (P.O. Box Number is Not Acceptable) 301 Crawford Blvd.
83 SUITE 100
84 City BOCA RATON
85 State FL
86 Zip Code 33432

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John B. Glover* **John B. Glover** President **3/24/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME GLOVER, JOHN B	
STREET ADDRESS 1001 S.W. 2ND AVENUE, SUITE 3261	
CITY-ST-ZIP BOCA RATON FL 33432	
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

1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Glover, JOHN B.	
1.3 STREET ADDRESS 301 Crawford Blvd., suite 100	
1.4 CITY-ST-ZIP BOCA RATON, FL. 33432	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *John B. Glover* **John B. Glover** President **3/24/97** **561-312-2475**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)