

P96000048935

BRENNAN, HAYSKAR, JEFFERSON, WALKER & SCHWERER, P.A.

ATTORNEYS AT LAW

JOHN T. BRENNAN  
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STEVEN R. MCCAIN  
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FORT PIERCE, FLORIDA 34950

POST OFFICE BOX 3779  
FORT PIERCE, FLORIDA 34948-3779

TELEPHONE (561) 461-2310  
FAX (561) 468-6580

February 12, 1999

Division of Corporations  
Attention: Susan Payne  
Post Office Box 6327  
Tallahassee, FL 32314

400002777464--1  
-02/17/99--01004--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Corporation Name: Glyco International, Inc.  
Number: P96000048935  
FEI Number: 65-0676909

Dear Ms. Payne:

As you know from our previous communications, our firm presently represents Diane M. Steele in the above-referenced matter. On behalf of our client, I again thank you for reviewing this matter within your Division and providing us with a suggestion to rectify it.

I trust you gathered from said communications that it was our client's understanding that she had heretofore taken all steps necessary to disassociate herself and her deceased husband from the above-named corporation, including receiving a copy of said corporation's Annual Report for 1997 which indicated that she and her deceased husband had been deleted from the Division's records as officers and directors of said corporation. In our February 1, 1999 telephone conversation, you advised that your review of the matter indicated that the check enclosed with the 1997 Annual Report was returned for insufficient funds and, consequently, all information in the Division's records reverted back to the same information contained therein prior to receiving said Annual Report. You further suggested that, in order to insure that our client and her deceased husband are officially deleted as officers and directors of said corporation from the Division's records, our client should send the Division a communication signed by her requesting that such action be taken, including providing her reasons therefor, and to include therewith her payment for a filing fee of \$35.00.

Accordingly, please find enclosed herewith our client's communication of this date addressed to the Division (and, per your request, specifically to your attention), including copies of documents attached thereto which are supportive of her reasons and our client's check payable to the Division in the sum of \$35.00 (for said filing fee).

OLD RES.  
2/17/99  
SO

FILED  
99 FEB 15 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations

Attention: Susan Payne

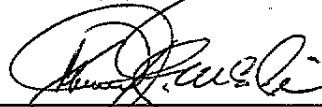
February 12, 1999

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As indicated in our client's said letter, if you require any additional documents or information, please contact us; otherwise, we would request that you provide us with written confirmation that the Division has complied with the request contained in our client's enclosed letter.

I again thank you for your assistance in this matter, and if you have any additional questions or suggestions regarding same, please contact me. Otherwise, we look forward to hearing from you at your earliest convenience.

Very truly yours,



---

STEVEN R. McCAIN

SRM/dam

Enclosures

FILED

**Diane M. Steele**  
4525 S. Indian River Drive  
Fort Pierce, FL 34982  
(561) 464-2962

99 FEB 16 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 12, 1999

Division of Corporations  
**Attention: Susan Payne**  
Post Office Box 6327  
Tallahassee, FL 32314

**Re: Corporate Name: Glyco International, Inc.**  
**Number: P96000048935**  
**FEI Number: 65-0676909**

Dear Ms. Payne:

I, Diane M. Steele, am presently represented by Steven R. McCain, Esquire, of the firm of Brennan, Hayskar, Jefferson, Walker & Schwerer, P.A., Post Office Box 3779, 515-519 South Indian River Drive, Fort Pierce, FL 34948-3799 (Telephone: 561-461-2310), who has been communicating with the Division (including, most recently, with you) regarding the Division's records reflecting the disassociation of my deceased husband, John N. Steele, Jr., and me from the above-named corporation. It is my understanding that the Division has requested a written communication from me in order to officially document its records to delete therefrom my deceased husband and me as officers and directors (and/or shareholders) in said corporation.

Accordingly, by this letter, I am notifying the Division that neither I nor my deceased husband have been associated with said corporation since 1996 and am requesting the Division to properly change its records to reflect that I and my deceased husband have been deleted therefrom as officers and directors (and/or shareholders) of said corporation. The reasons for this position and request are as follows: (1) my husband, John N. Steele, Jr., died in August 1996, as reflected in a copy of his death certificate enclosed herewith; (2) shortly after my husband's death, I took steps to disassociate myself from said corporation as evidenced by the following documents, copies of which are enclosed herewith: my resignation as an officer and director of said corporation effective immediately and dated September 20, 1996, and my Irrevocable Stock Power executed November 25, 1996 (whereby I transferred my entire interest in said corporation to said corporation); and (3) subsequent to the matters described in the foregoing items (1) and (2), I was provided with a copy of a 1997 Annual Report for the corporation which indicated therein that it had been filed with the Division in 1997 and that my deceased husband and I were to be deleted as officers and directors of said corporation, a copy of said report being enclosed herewith.

Division of Corporations

Attention: Susan Payne

February 12, 1999

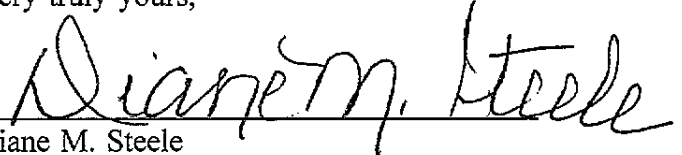
Page Two

It is my further understanding that a filing fee of \$35.00 is required by the Division in order to comply with the request contained herein; and, accordingly, please find enclosed herewith my check made payable to the Division in said sum of \$35.00.

If there are any other documents or information the Division needs in order to comply with my request, please notify my above-named attorney. Otherwise or thereafter, I would appreciate and hereby request you to provide my attorney with written confirmation that the Division has complied with my request.

Thank you for your attention to, assistance in, and consideration of this matter, and if you have any questions regarding same, please contact my attorney, Mr. McCain.

Very truly yours,

  
Diane M. Steele


SRM/dam

Enclosures

cc: Steven R. McCain, Esquire

RESIGNATION

I, DIANE STEELE, hereby resign as an officer and director of GLYCO INTERNATIONAL, INC., said resignation to be effective immediately.

  
\_\_\_\_\_  
DIANE STEELE  
DATED: 9/20/98

IRREVOCABLE STOCK POWER

FOR VALUE RECEIVED, the undersigned does hereby sell, assign and transfer to:

Glyco International, Inc.

Social Security or Taxpayer  
Identification Number: \_\_\_\_\_

100% of her interest in Glyco International, Inc., standing in the name of the undersigned on the books of said Company.

DATED: 112596

*Diane Steele*  
DIANE STEELE

STATE OF FLORIDA  
COUNTY OF ST. LUCIE

Before me personally appeared, DIANE STEELE, who is personally known to me or who has produced a valid Drivers License as identification and who did not take an oath, and who executed the foregoing instrument, and she acknowledged before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 25<sup>th</sup> day of November, 1996.

*Jane L. Brock*  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE.

JANE L. BROCK  
PRINTED NAME OF NOTARY

NOTARY STAMP:



JANE L. BROCK  
MY COMMISSION # CC434188 EXPIRES  
February 12, 1999  
BOWDED THRU TROY FARM INSURANCE, INC

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Williams, Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000048935 (6)</b>			
1. Corporation Name <b>GLYCO INTERNATIONAL, INC.</b>			
Principal Place of Business <b>1805 WESTPARK LANE FORT PIERCE FL 34947</b>		Mailing Address <b>1505 WESTPARK LANE FORT PIERCE FL 34947</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified <b>06/06/1986</b>		3a. Date of Last Report	
4. FEI Number <b>66-0676909</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent <b>FARRELL, RICKY L 1805 SE PORT ST. LUCIE BLVD PORT ST. LUCIE FL 34952</b>		10. Name and Address of New Registered Agent	
81 Name <b>HACHT, BRIAN</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>15965 WESTPARK LANE</b>	
83		84 City <b>FORT PIERCE</b>	
85 FL		86 Zip Code <b>34945</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 <b>5-12-97</b>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(a) 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: <b>SIGNATURE REQUIRED</b> <b>4-25-97 (SW) 465-1280</b>			

CR2E034 (9/96)

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO. 0939-96

DECEASED	1. DECEASED'S NAME FIRST MIDDLE LAST JOHN NEELY STEELE, JR.			2. SEX Male	
	3. DATE OF DEATH (Month, Day, Year) August 23, 1996		4. SOCIAL SECURITY NUMBER 267-62-3308		5a. AGE-Last Birthday (Years) 54
	5b. UNDER 1 YEAR Months Days		5c. UNDER 1 Day Hours Minutes		
	6. DATE OF BIRTH (Month, Day, Year) March 28, 1942		7. BIRTHPLACE (City and State or Foreign Country) Arcadia, Florida		8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes
PARENTS	9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> (Inpatient) ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>			9b. INSIDE CITY LIMITS? (Yes or No) Yes	
	9c. FACILITY NAME (If not institution, give street and number) Martin Memorial Medical Center			9d. CITY, TOWN, OR LOCATION OF DEATH Stuart	
	9e. COUNTY OF DEATH Martin				
	10a. DECEASED'S USUAL OCCUPATION Line Foreman		10b. KIND OF BUSINESS/INDUSTRY Electric Utility		11. MARITAL STATUS Married
DISPOSITION	12. SURVIVING SPOUSE (If wife, give maiden name) Diane Marie Fleming				
	13a. RESIDENCE - STATE Florida	13b. COUNTY Saint Lucie	13c. CITY, TOWN, OR LOCATION Fort Pierce		13d. STREET AND NUMBER 1402 Coronado Avenue
	13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 34982	14. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. Specify: White
	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) 17-24 25+		17. FATHER'S NAME (First, Middle, Last) John Neely Steele, Sr.		
CERTIFIER	18. MOTHER'S NAME (First, Middle, Maiden Surname) Ida Alberta Beasley		19a. MAILING ADDRESS (Street and Number or Rural Route, Number, City or Town, State, Zip Code) 1402 Coronado Avenue, Fort Pierce, Florida 34982		
	19b. INFORMANT'S NAME (Type/Print) Diane Steele				
	20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) White City Cemetery		20c. LOCATION - City or Town, State Fort Pierce, Florida
	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Carl C. Gittens</i>		21b. LICENSE NUMBER (of Licensee) 1893		21c. NAME AND ADDRESS OF FACILITY Haisley-Hobbs Funeral Home 3015 Okeechobee Road Fort Pierce, Florida 34947
CAUSE OF DEATH BY CERTIFIER	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Carl C. Gittens, M.D.</i>		22b. DATE SIGNED (Mo., Day, Yr.) 8/26/96		
	22c. HOUR OF DEATH 12:51 p.		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		
	22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		22f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		
	22g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		22h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		
CAUSE OF DEATH BY CERTIFIER	23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>Carl C. Gittens, M.D.</i>		23b. DATE SIGNED (Mo., Day, Yr.) 8/26/96		
	23c. HOUR OF DEATH 12:51 p.		23d. MEDICAL EXAMINER'S CASE #		
	23e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		23f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		
	23g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		23h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carl C. Gittens, M.D.		
CAUSE OF DEATH BY CERTIFIER	24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Carl C. Gittens, M.D. 309 East Osceola, #204, Stuart, Florida 34994		25a. SUBREGISTRAR - SIGNATURE AND DATE <i>W. P. Hamm</i> 8/26/96		
	25b. LOCAL REGISTRAR - SIGNATURE <i>Claire Hammerschmidt</i>		25c. DATE REGISTERED August 27, 1996		
	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>RESPIRATORY FAILURE</i>		Approximate Interval Between Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST <i>CARDIAC ARREST</i>				
CAUSE OF DEATH BY CERTIFIER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No
	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No				
	29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO		30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b. DATE OF SURGERY (Mo., Day, Year)
	31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined. <i>NATURAL</i>		32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY M
32c. INJURY AT WORK? (Yes or No)		32d. DESCRIBE HOW INJURY OCCURRED			
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Claire Hammerschmidt*  
August 27, 1996

State Registrar

WARNING:

5926495

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURIT PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOID. THIS CERTIFICATION



HRS FORM 1304A 10-93