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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088285 (7)

GLF CONSULTANTS INC.

## FILED May 11 1998 8:00am Secretary of State



					48     1814   1814   1817		
Principal Place of Business	Mailing Address				, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
510 CARRINGTON DRIVE	510 CARRINGTON DRIV						
FORT LAUDERDALE FL 33326	FORT LAUDERDALE FL 33326			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qua			
				10/24/1996			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		- A	oplied For
26			65-0713406		N	ot Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition			
22	27			5. Certificațe di Status Desiri		Fee R	equired
City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	28			Trust Fund Contribution			to Fees
Zip Country	⊢n Zip	Count	ry	8. This corporation owes or			tangible ] No
24] 25] 9. Name and Address of Curre	29	30		Personal Property Tax due 10. Name and Address of N		<del></del>	NO
	ur Hedisteled Adelir	R	1 Name	10, Name and Address of the	en registered	ngont	
GLOCK, RICHARD A		Ľ					
510 CARRINGTON DRIVE		8	82 Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33328		В	3				
			۱				
		В	4 City		FL	85 Zip	Code
At Describe the market of Continue COT Of	02 and CO7 1600 Florida Stat	tuton the obe	us parred cor	poration submite this statement to	r the nurness o	Changing i	te registered
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obligation.	e of Florida, Such change wa gations of, Section 607.0505,	s authorized l Florida Stalut	by the corpora os.	ilion's board of directors. I hereby	accept the app	ointment as	registered
SIGNATURE Signature, typed or printed name of registered at	gent and title if applicable (N	OTE: Registered A	gent signature requ	ired when reinstating)	DATE		
•••	ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND		
TITLE PD	DELETE	1.1 TITLE				Change	Addition
NAME GLOCK, RICARDO A		1.2 NAM	E				
STREET ADDRESS 510 CARRINGTON DRIVE		1.3 STRE	E1 ADDRESS				
CITY-ST-ZIP FORT LAUDERDALE FL 333		1.4 CITY	- ST - ZIP				
TITLE TD	DELETE	2.1 TITLE				Change	Addition
NAME GLOCK, RICHARD A		2.2 NAM	E				
STREET ADDRESS 510 CARRINGTON DRIVE		2.3 S1RE	£1 ADDRESS				
CITY-ST-ZIP FORT LAUDERDALE FL 333			'-ST-ZIP				4 4 8 8
TITLE	☐ DELETE	3.1 TITLE				Change	Addition
NAME		3.2 NAM					
STREET ADDRESS			ET ADDRESS				
CITY-ST-ZIP	T beleve		-ST-ZIP			Channe	Addition.
TITLE	DELETE	4.1 TITL <del>1</del>				Change	Addition
NAME		4. 2 NAN					
STREET ADDRESS			ET ADDRESS				
City-St-ZiP	DELETE	4.4 City			~~ · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		5 1 TITU				⊏т отюпив	LJ AGUIDAL
NAME		5.2 NAM	1				
STREET ADDRESS			ET ADDRESS				
CITY-ST-ZIP	DELETE	5.4 CITY				Change	Addition
TITLE	FT ACCE	6.1 TITLE				- Outside	Las riddicion
NAME		6.2 NAM					
STREET ADDRESS		B C	ET ADDRESS				
14. I hereby certify that the information stepplied	50.00.00	6.4 CITY	- \$1-ZIP	Castian 110 07/2\(\text{0}\) Florido Clot	tutos I fuetbor s	meid . No má No.	- (-4

4. 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 of suppliemental 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 of 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.

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