

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093718 (0)

1. Corporation Name
FL - GL, INC.

Principal Place of Business
7491 ALBERT TILLINGHAFT DRIVE
SARASOTA FL 34240

Mailing Address
7491 ALBERT TILLINGHAFT DRIVE
SARASOTA FL 34240-8692



3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report N/A
4. FEI Number 65-0710414	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2201 Cantu Court Suite, Apt. #, etc. 22 Suite 102A City & State 23 Sarasota, Florida Zip 24 34232-6254	2a. Mailing Address 26 2201 Cantu Court Suite, Apt. #, etc. 27 Suite 102A City & State 28 Sarasota, Florida Zip 29 34232-6254	Country 25 Sarasota Country 30 Sarasota
---	--	--

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIDDINGER, JOHN W		1.2 NAME James A. Hoetger	
STREET ADDRESS 7491 ALBERT TILLINGHAFT DRIVE		1.3 STREET ADDRESS 2201 Cantu Court, Suite 102A	
CITY-ST-ZIP SARASOTA FL 34240		1.4 CITY-ST-ZIP Sarasota, Florida 34232-6254	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PSTD	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME RICE, WILLIAM R		2.2 NAME	
STREET ADDRESS 4775 BISHOPSGATE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP CARMEL IN 46033		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: James A. Hoetger February 25, 1997 (941) 377-6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)