

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

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P96000102859 (1)**

1. Corporation Name

**GLADYS HOUSE, INC.**

**Principal Place of Business**

**12810 PINE ROAD  
ISLAND 5  
NORTH MIAMI FL 33181**

**Mailing Address**

**7901 SW 129TH TERR  
MIAMI FL 33156  
US**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**12/20/1996**

**4. FEI Number**

**APPLIED FOR 65-0807629**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Election Campaign Financing  
Trust Fund Contribution**

☐

**\$5.00 May Be  
Added to Fees**

**8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.**

☒ Yes

☐ No

**2. Principal Place of Business**

**21 7901 SW 129 Terr**

Suite, Apt. #, etc.

**22**

City & State

**23 Mia FL**

Zip

**24 33156**

Country

**25**

**2a. Mailing Address**

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

**9. Name and Address of Current Registered Agent**

**FRANCE, LAWRENCE A ESQ.  
1001 NORTH MIAMI BEACH BLVD  
NORTH MIAMI BEACH FL 32301**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

**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**

Signature of person or persons authorized to file and if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE DPST**  
**NAME YOST, BETTY ANN**  
**STREET ADDRESS 7901 SW 129TH TERR**  
**CITY-ST-ZIP MIAMI FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

**14. 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 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:**

*Betty Ann Yost*

**4/22/98**

CR2E034 (10/97)