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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90092 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000002378

Corporation Name
VIRO GLADES INC.

Principal Place of Business
ROAD
ATCHEE FL 33470

Mailing Address
P O BOX 476
LOXAHATCHEE FL 33470
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1997	
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3426513	
City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PARRISH, BRUCE W JR. 105 SO. NARCISSUS AVE., SUITE 701 WEST PALM BEACH FL 33401				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	

I, the undersigned, being duly sworn, certify that the information furnished in this 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	1.2 NAME	
3. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 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 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Thomas R. Goltzene / 14/99 561 798-4995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)