

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Matham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000017759 (6)**

1. Corporation Name

**GL MONEY MAKERS, INC.**



Principal Place of Business	Mailing Address
9000 GLEN LAKES BLVD. BROOKSVILLE FL 34613	9000 GLEN LAKES BLVD. BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3456462	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
34611		USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELLETIER, CAROLE J 9000 GLEN LAKES BLVD. BROOKSVILLE FL 34613		81 Name	DONITA LYON	
		82 Street Address (P.O. Box Number Not Acceptable)	6416 BEAU BLVD.	
		83		
		84 City	WEEKI WACHEE	FL
		85 Zip Code	34613	

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 Donita Lyon Write Apr 1-29-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TOM BISHOP - PRES.	9225 SOUTHERN BELLE DR.	WEEKI WACHEE, FL 34613	1.2 NAME	V-PRES.	DUDLEY HERRIN	9227 WESTSHORE DR.
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	V-PRES.	PAUL ILLGEN	9086 HEATHER BLVD.	2.2 NAME	TRGAS	DONITA LYON	6416 BEAU BLVD.
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE			
	SEC.	JEANNIE FREDRICK	7 REDBAY CT. WEST	3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE			
	TRGAS	CAROL PELLETIER	9000 GLEN LAKES BLVD.	4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	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: Donita Lyon Write Apr 1-29-98 (352) 500-5010

CR2E034 (10/97)