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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90035 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P97000017759**
 1. Corporation Name
GL MONEY MAKERS, INC.

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

Mailing Address
**P.O. BOX 5526
 SPRING HILL FL 34611
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/25/1997	59-3456462	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LYON, DONITA
 8418 BEAN BLVD
 WEEKI WACHEE FL 34613**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
8418 BEAN BLVD.
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, TOM	
STREET ADDRESS	9425 SOTHERN BELLE DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FREDRICK, JEANNE	
STREET ADDRESS	7 REDBAY CT WEST	
CITY-ST-ZIP	HOMOSSASSA FL 34613	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HERRIN, DUDLEY	
STREET ADDRESS	9287 WESTSHORE DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LYON, DONITA	
STREET ADDRESS	8418 BEAU BLVD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERRIN, DUDLEY	
1.3 STREET ADDRESS	9287 WESTSHORE DR.	
1.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHODIK, JOANNE	
2.3 STREET ADDRESS	9110 RHETT LANE	
2.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BISHOP, TOM	
3.3 STREET ADDRESS	9425 WESTSHORE DR.	
3.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Donita J. Lyon (352) 1-5-99 597-5769
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)