

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90016 007 ***150.00

DOCUMENT # P97000045999

1. Corporation Name

GLEN'S PRINTING & COPYING SERVICES, INC.



Principal Place of Business

5053 S.W. 154 PLACE
MIAMI FL 33185

Mailing Address

5053 S.W. 154 PLACE
MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

65-0768323

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 the current year intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name

DISTON GLENFORD

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

6580 INDIAN CREEK DR

83

84 City

MIAMI BEACH

FL

85 Zip Code

33141

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
DISTON, GLENFORD
5053 S.W. 154 PLACE
MIAMI FL 33185

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, with all other like empowered.

SIGNATURE:

GLEN DISTON

2-19-99

305-867-8115

Date

Daytime Phone #

CR2E034 (11/98)