

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90025 027 ***150.00

DOCUMENT # P97000069280

1. Corporation Name

GLISKO ENTERPRISES, INC.

Principal Place of Business

325 10TH ST
WEST PALM BEACH FL 33401

Mailing Address

325 10TH ST
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0772707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 325 10TH STREET

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH, FL.

Zip

24 33401

Country

25 U.S.

2a. Mailing Address

26 325 10TH STREET

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH, FL.

Zip

29 33401

Country

30 U.S.

9. Name and Address of Current Registered Agent

STUPARITZ, ALAN D
900 E ATLANTIC BLVD SUITE 17
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name

MICHAEL GLISMANN

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

325 10TH STREET

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

1-25-99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GLISMANN, MICHAEL

STREET ADDRESS 325 10TH ST

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE DV ☐ DELETE

NAME KOLAR, JAMES

STREET ADDRESS 325 10TH ST

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE DST ☒ DELETE

NAME GLISMANN, ANITA

STREET ADDRESS 325 10TH ST

CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 (561) 659-0549

03/12/98

CR2E034 (11/98)