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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000106009 (8)

MCGLONE ENTERPRISES, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place	of Business	N	Mailing Address					1 I ARDJUDDĖ ARB ADRIL LIDDIS GOLIIK DORBI, DORĐI, LIDEI GOLIAU DOLIAU GOLIAU GOLIAU DOLIAU AUDI. 1				
91958 OVERS	EAS HIGHWAY		9501 S.W. 140TH COURT									
TAVERNIER FL 33070			MIAMI FL 33186					Dr	D NOT WRITE	E INITHIO	DACE.	
							F	3. Date Incorporated		L IIV II II I	or AUC	
								12/17/1997	Or Qualified			
9. Principal Pl	ace of Business	20	a. Mailing Address					4, FEI Number			I IA	pplied For
21			26 91958 OVERSEAS HIM				ىل س			D	} <del>-</del>	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.									Additional
22			27					<ol><li>Certificate of Statu</li></ol>	s Desired	L		berlupel
City & State			City & State					6. Election Campaign	Financing		\$5.00	May Be
3		28	28 TAVERNIEL			FL		Trust Fund Contrib	_			to Fees
Zip	Country		<b>7</b> ip		ountry			8. This corporation of	wes or has p	aid the cur	rent year In	tangible
24	25	29	33070	30	U	SP .		Personal Property	Tax due Jun	e 30.	Yes [	□ No
	9. Name and Address of	of Current Regi			$\prod$			10. Name and Addres	ss of New R	egistered.	Agent	
MC	GLONE, DANIEL J				81	Name						
	58 OVERSEAS HIGHWA	·Υ				Street Ad	ddress	ss (P.O. Box Number is Not Acceptable)				
TAVERNIER FL 33070						000,7.10						
					83							
					84	City					<b>85</b> Zip	Code
					اتا	City				FL	1831 21	
11. Pursuant t	o the provisions of Sections agistered agent, or both, in	607.0502 and	607.1508, Florida Stat	lutes, the	abovo	-named co	orpora	ation submits this state	ment for the	purpose of	changing i	its registered
agent. I at	agistered agent, or both, in <b>'n fam</b> iliar with, and accept :	the obligations of	of, Section 607.0505,	s aumona Florida Si	tatutes	r the corpor L	yration	is doard of directors. I	nereby acce	prine app	omunent as	s registered
SIGNATURE												
Signature, typed or printed have of registered agent and title if applicable (NOTF Registered Agent signature required when reinstaining) DATE												
12.	OFFIC	ERS AND DIRE		13		<del></del>		ADDITIONS/CHANG	SES TO OFFI	CERS AND		
TITLE	U NOOLONE DANIEL :		[_] DELE <b>te</b>		TITLE						∐ Change	☐ Addition
NAME	MCGLONE, DANIEL J				NAME							
STREET ADDRESS	91958 OVERSEAS HI					1.3 STREET ADDRESS						
CITY-ST-ZIP	TAVERNIER FL 33070	<u> </u>	DELETE		CITY-S	T-ZIP			<del> </del>		Change	Addition
TITLE			r nereig		TITLE						Change	L_ Addition
NAME					NAME							
STREET ADDRESS						ADDRESS				- "		
CITY-ST-ZIP			Doctore		CITY-S	ST-ZIP				·····	1 06	11 4460-
TITLE			☐ DELETÉ		TITLE						Change	☐ Addition
NAME					NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			00,000		CITY-5	T-ZIP			·		<b>-</b>	1 4 4 19 2
TITLE			☐ DELETE		TITLE						☐ Change	Addition
NAME					2 NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S	1-ZIP						1 4 4 19 0
TITLE			☐ DELETE		TITLE						L Change	Addition
NAME					NAME	1						
STREET ADDRESS				5.3	STREET	ADDRESS						
CITY-ST-ZIP	······································				CITY-S	T-ZIP					Π <sub>0</sub> .	4.100
TITLE			DELETE		TITLE	1					Change	L. Addition
NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	ADDRESS						
CITY-ST-ZIP	·			6.4	CITY-S	1 - ZIP						

14. Thereby 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.

111 110 11 8 1 ...