PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028178

1. Corporation Name

THE GLEN II CORPORATION

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90219 045 ***150.00



								HE BULL GULL		
Principal Place	e of Business	Mailing Ad	dress							
4727 NORTH MONROE ST 4727 NORTH MONROE ST										
TALLAHASSEE	FL 32303	TALLAHASSEE FL 32303					DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 03/26/1998			
	lace of Business	2a. Mailing	Address				4. FEI Number		/	Applied For
21 2811-	E Industrial Plaza 26 Some						59-35.07 673		!	Not Applicable
Suite, Apt.		Suite, A	Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27					5. Outmodic of claims bounds			Required
City & Stat		City &	State				6. Election Campaign Financing			0 мау Ве
23	. hassra FL	28					Trust Fund Contribution			d to Fees
Zip	Country	Zip		_ Coui	ntry	İ	8. This corporation owes the curr	rent year Inta		□No
24 32	30 (25	29	30)			Personal Property Tax.	Banistorod :	∐ Yes	<u></u>
	9. Name and Address of Current	Registered A	gent		81 N	ame	10. Name and Address of New I	registered /	Agent	
CHV										
	IZVINI, MEHRDAD 7 NORTH MONROE ST						Iress (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32303			Ì	\vdash	<u> 2811-</u>	E Industrial	Plaze	<u> </u>	
IAL	EAJIAGGEE I E 02000				83					
					84 C	ity				p Code
							ahassee	<u> </u>		32301
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Such	i change was auth	nomzed	bv the	corporation	's board of directors. I hereby acce	pt the appoir	ntment as	registered
SIGNATURE						nature required w	A	DATE		
42	Signature, typed or printed name of registered agent OFFICERS AND			13.	Agent sign	nature required w	ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	P OFFICERS AIVE	DIRECTORS	DELETE	1.1 TIT		T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Chang	
	Ghazvini, Hossein			1.2 NA						
NAME	1 / 1 7 7 7 8 100				REET ADO	DESS.				
STREET ADORESS		32303			TY-ST-ZIP	•				
CITY-ST-ZIP	VP	5230)	DELETE	2.1 TR					Chang	e Addition
TITLE	• ·			2.2 NA			•			
NAME	Chezuini Behzed 2811-E THOUSTRIAL F	21				nosee				
STREET ADDRESS	1 .			1	REET ADD	1				
CITY-ST-ZIP	Tallahasser FL	32301	DELETE	2. 4 C	ITY-ST-ZI	<u> </u>			Chang	e Addition
TITLE	Chezuini Mehron									
NAME	2811- E 1 - dustrial	Pirza		3.2 NA		20500				
STREET ADDRESS	Tellahanser, FL				REET ADO					
CITY-ST-ZIP		32301	Doctor		TY-\$T-Zi	Р			Chang	e
TITLE			DELETE	4.1 TI						
NAME				4.2 N						
STREET ADDRESS	1				REET ADO					
CITY-ST-ZIP		*****	Declere	•	TY-ST-ZIF	·			☐ Chang	e Addition
TITLE			☐ DELETE	5.1 TT						
NAME				5.2 NA						
STREET ADDRESS	· ·			l	REETADO					
CITY-ST-ZIP					TY-ST-ZIF					n Madalata
TITLE	Ì		☐ DÉLETE	6.1 TI					☐ Chang	e Addition
NAME				6.2 NA						
STREET ADDRESS	:			6.3 \$1	TREET ADO	DRESS)				
CITY-ST-ZIP				6.4 CF	TY-ST-ZIF					
			. 110 0 11		4*	State I'm Ca	ation 440 07/21/2) Elorida Statuton	I for white or con-	airi i bhant th	a information

Independent of 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:

Daytime Phone #