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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06332

332 (8)

Mailing Address

G.L.R.C., CORP.

Principal Place of Business

FILED
Jan 14 1997 8:00am
Secretary of State

			BIBN RIBN H

1720 NE 79TH ST CAUSEWAY SUITE 111 NORTH BAY VILLAGE FL 33141-2727			SUITE 111 NORTH BAY VILLAGE FL 33147-5640				3. Date Incorporated or Qualified 10/10/1990	3a. Date	of Last R 3/1996	eport		
2. Principal P	lace of Business	2a,	Mailing Address		_		4. FEI Number	1 00/1		plied For		
21 Suite, Apt #, etc			26 Suite, Apt. #, etc. 27 City & State				NOT APPLICABLE		h	t Applicable		
						5. Certificate of Status Desired Security Securi						
						6. Election Campaign Financing \$5.00 May Be						
23		28	<u> </u>				Trust Fund Contribution Added to Fees					
Zip	Country	}	ip Count				8. This corporation has liability for intangible tax under s			. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent						Florida Statutes Yes No 10. Name and Address of New Registered Agent					
SOL	OMON, NORMAN F	Tront ricgial	Assessa when			Name	10. Haille and Address of Non Registered Agent					
	NE 79TH ST CAUSEWAY											
	TE 111				32	Street Addre	reet Address (P.O. Box Number is Not Acceptable)					
	TH BAY VILLAGE FL 33141-	2727		8	33							
					34	City			los I Zin	0.4.		
					"	City		FL	85 Zip i	Code		
11. Pursuant to the previsions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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: signature system or printed name of ingest red agent and lide if applicable (NOTE Registe				Ager	nt signature require	ed when reinstating)	DATE				
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC					
TITLE	PD SOLOMON, NORMAN F		☐ DELETE	1.1 TITU	E			L	Change	Addition		
NAME	1720 NE 79TH ST CAUSE	WAY YITE	1 ITC 444		1.2 NAME							
NODTH BAY WILLAGE EL 33141.3			797		1.3 STREET ADDRESS							
CITY - ST - ZIF TITLE	HOIIII DAI HELAGE I E G	· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CITY 2.1 TITU		[-ZIP			Change	Addition		
NAME			C Occess	2.2 NAM					onlinge	Fidomon		
SIREET ADORESS						ADDRESS						
City-S1-ZIP				2 4 017								
TITLE	DELETE 3.1							I	Change	Addition		
NAME				3.2 NAM	Æ							
STREET ADDRESS				3.3 STR	EET.	ADDRESS						
CHY-ST-ZIF				3.4. CIT	_	T-ZIP						
THEE			☐ DELETE	4.1 TITL				[Change	Addition		
NAME				4. 2 NAI								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			☐ DELETE	4.4 CITY		F-ZIP			Change	Addition		
TITLE NAME			ריי הנוינוג	5.1 TITE				·	change	Monition		
NAME Protes apposes				5.2 NAM		YDDDCCC						
STREET ADDRESS CITY-ST-7/P				5.3 STR		ADDRESS T. 7IP						
TIFLE		Add of Company to the International	DELETE	6.1 TITL	_	1.71L		1	Change	Addition		
NAME				6.2 NAM				•				
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	.			6.4 City								

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the comparation or the receipt or trunce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it phaloged, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/97 305-805-24