

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S72985 (2)
 1. Corporation Name
TERRY GLOSSER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1825 SEVILLE BLVD. SUITE 811 NAPLES FL 33963 US		1825 SEVILLE BLVD SUITE 811 NAPLES FL 33963 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	08/12/1991	65-0286811
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	<input checked="" type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VOLPE, MICHAEL J. 4001 TAMAMI TR. NORTH SUITE 330 NAPLES FL 33940		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT GLOSSER, TERRY	1.1 TITLE	
NAME	517 CLUDSIDE DR	1.2 NAME	
STREET ADDRESS	BONITA SPRINGS FL	1.3 STREET ADDRESS	1825 SEVILLE BLVD NO 811
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES, FL. 34109
TITLE	DYS GLOSSER, RENEE S.	2.1 TITLE	
NAME	517 CLUBSIDE DR	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	1825 SEVILLE BLVD NO 811
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES FL. 34109
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Terry Glosser* 4-30-98 941-5920665

CR2E034 (10/97)