

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mathhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S77218** (3)
1. Corporation Name
GLORDAN, INC.

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office Address: **340 S. STATE ROAD 434
ALTAMONTE SPGS. FL 32714
US**
Mailing Address: **1220 WOODRIDGE COURT
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified 08/29/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 58-3073024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Has Corporation Complied for 2 Years with Section 1201007 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21. Date of Report	26. State of Report
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KLEIN, GLORIA ANN 1220 WOODRIDGE COURT ALTAMONTE SPRINGS FL 32714		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	FL
		B5. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.01(2)(d) 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. Thereby accept the appointment as registered agent. I am a director and accept the said appointment. Sections 607.01(2)(c) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PD KLEIN, GLORIA ANN 1220 WOODRIDGE COURT ALTAMONTE SRPGS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1220 WOODRIDGE COURT ALTAMONTE SRPGS FL	1. STREET ADDRESS	
CITY & STATE	ALTAMONTE SRPGS FL	1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KLEIN, DANIEL D. 1220 WOODRIDGE COURT ALTAMONTE SRPGS FL	2. NAME	
STREET ADDRESS	1220 WOODRIDGE COURT ALTAMONTE SRPGS FL	2. STREET ADDRESS	
CITY & STATE	ALTAMONTE SRPGS FL	2. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed qualified for the information stated in the year 1995 Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make me liable as if I am an officer or director of this 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *GLORIA ANN KLEIN* *Daniel D. Klein* 5/5/95 407/682-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR