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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S93876			
1. Corporation Name GLASGOW GROUP, INC.			
Principal Place of Business "ROSE & CROWN ENGLISH PUB" 11002 SEMINOLE BLVD SEMINOLE FL 34648-3229 US		Mailing Address C/O GULF TAX INC. 6860 GULFPORT BLVD., SUITE 900 ST. PETERSBURG FL 33707 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent GULF TAX INC. BRIAN LIGHT 6860 GULFPORT BLVD. SUITE 900 ST. PETERSBURG FL 33707		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME ANDERSON, DAVID C. STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900 CITY-ST-ZIP ST. PETERSBURG FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DVP NAME ANDERSON, LORI D. STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900 CITY-ST-ZIP ST. PETERSBURG FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE S NAME LIGHT, BRIAN J. STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900 CITY-ST-ZIP ST. PETERSBURG FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE T NAME ANDERSON, DAVID C. STREET ADDRESS C/O 6860 GULFPORT BLVD., SUITE #900 CITY-ST-ZIP ST. PETERSBURG FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

BRIAN J. LIGHT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (727) 381 1176

CR2E034 (11/98)

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