

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

(2)

1. Corporation Name
GLENCOR ENTERPRISES, INC.

Mailing Address

2330 PEACH CT
PEMBROKE PINES FL 33026-1601

3a. Date of Last Report
05/01/1996

4. FBI Number
65-0312519

Applied For	Not Applicable
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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITKOWSKI, BRUCE
2330 PEACH CT
PEMBROKE PINES FL 33026

81 Name _____

82	Street Address (P.O. Box Number is Not Acceptable)
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83

84 City

FL

85	Zip Code
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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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WITKOWSKI, CYNTHIA RUTH
STREET ADDRESS	2330 PEACH CT
CITY, ST, ZIP	PEMBROKE PINES FL

DELETE

TITLE	P
NAME	WITKOWSKI, BRUCE GLENN
STREET ADDRESS	2330 PEACH CT
CITY, ST, ZIP	PEMBROKE PINES FL

0361-7676

CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELIVER
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

131 ETE

TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

 DELETE

CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
				<input type="checkbox"/> DELETE

DELETE

CITY-STATE	TITLE	NAME	STREET ADDRESS

1016

14. I do 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: PAUL R. WITKOWSKI PROLE WITKOWSKI 4-30-97 954-433-2085

CR2E034 (9/96)