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FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V25001

(1)

1. Corporation Name

GLENMORE & FLEET INVESTMENTS, INC.

Principal Place of Business

5780 MIDNIGHT PASS RD
709
SARASOTA FL 34242
US

Mailing Address

5780 MIDNIGHT PASS RD
709
SARASOTA FL 34242-3062
US

2. Principal Place of Business

21 5790 Midnight Pass Rd

Suite, Apt. #, etc.
22 # 709

City & State

23 Sarasota FL

Zip

24 34242

Country

25 USA

2a. Mailing Address

26 Scott E. Gordon, Esquire

Suite, Apt. #, etc.

27 333 S. Tamiami Trail, #199

City & State

28 Venice FL

Zip

29 34285

Country

30 USA

3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

03/22/1996

4. FEI Number

65-0323847

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

GORDON, SCOTT E. ESQUIRE
333 S. TAMiami TRAIL
SUITE 199
VENICE FL 34285

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

Scott E. Gordon
Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when resigning)

2-5-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AGULNIK, EARL ARNOLD
STREET ADDRESS 5790 MIDNIGHT PASS RD #709-A
CITY-ST-ZIP SIESTA KEY FL 34242

☐ DELETE

TITLE STD
NAME NOONOO, CLIFFORD
STREET ADDRESS 5790 MIDNIGHT PASS RD #709-A
CITY-ST-ZIP SARASOTA FL 34242

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

E. L. Gordon

2-5-97

1997 03 14

CR2E034 (9/96)