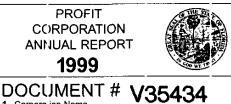
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GLENROSE CONSTRUCTION, INC.

1. Corpora ion Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90060 019 ***150.00

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Principal Place of Business Mailing Address 4329 HEINE DRIVE 13085 LA MIRANDA CIRCLE WELLINGTON FL 33414 LAKE WORTH FL 33461 DO NOT WRITE IN THIS SPACE US 3. Date Ir corporated or Qualifed 05/12/1992 2. Principal Place of Business
21 13085 LA WIRADA CILLLE 2a. Mailing Address 4, FEI Number Applied For LA MIRADA CIRcle 13085 26 65-0331909 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 27 \$5.00 May Be City & S:ate City & State 6. Election Campaign Financing WELL INGTON 1eMinaton) Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year intangible USA USA 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name GLENNON, JOSEPH GERALD III Street Acdress (P.O. Box Number is Not Acceptable) 100 CORTES AV. ROYAL PALM BEACH FL-33411-83 City WELLING TON 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 bein, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, any language of the collegations of Section 607.0505, Florida Statutes. SIGNATURE name of registered agent and title if applicable (NOT :: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE 1 1 TITLE Change TITLE **GLENNON, JOSEPH GERALD** 12 NAME NAME **100 CORTES AVENUE** 1.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITI F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRE 3S 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRE 3S 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change ☐ Addition TITLE

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 corpogn ion or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. Block 12 or Block 13 if chape

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICE OR DIRECTOR

10

561792-8254

CR2E034 (11/98