FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 199[illegible]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor[illegible]
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 23 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V53245 (9)

1. Corporation Name
G L E RENOVATIONS, INC.

Principal Place of Business	Mailing Address
3017 BAYSHORE DRIVE FT. LAUDERDALE FL 33304 US	P.O. BOX 4529 FT. LAUDERDALE FL 33338-4529 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1987
3a. Date of Last Report: 04/15/199[illegible]

2. Principal Place of Business
21: 348 NE 46 ST
22: Suite, Apt. #, etc.
23: City & State: POMPANO BEACH FL
24: Zip: 33064
25: Country

2a. Address
26: P.O. Box 7671
27: Suite, Apt. #, etc.
28: City & State: FT LAUDERDALE FL
29: Zip: 33338
30: Country

4. FEI Number: 65-0356976 ☐ 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

GILL, CLAUDE
3006 BAYSHORE DR #106
FT LAUDERDALE FL 33304

G L E INC
P O BOX 2633
POMPANO BCH FL 33072

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: CLAUDE GILL — 06/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☑ Change ☐ Addition
NAME	GILL, CLAUDE	1.2 NAME	DP
STREET ADDRESS	3006 BAYSHORE DR #106	1.3 STREET ADDRESS	GILL CLAUDE
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	348 NE 46 ST POMPANO BEACH FL. 33064
TITLE	DST	2.1 TITLE	☑ Change ☐ Addition
NAME	GILL, GISELE	2.2 NAME	33064
STREET ADDRESS	3006 BAYSHORE DR #106	2.3 STREET ADDRESS	GILL GISELE
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	DEATH
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	500002250475--2
STREET ADDRESS		3.3 STREET ADDRESS	-07/29/97--01053--010
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****173.75 ****173.75
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 04/15/97 954-943-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #