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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023241

1. Corporation Name

CITY-ST-ZIP

GENERAL RELATIONS INTERNATIONAL, INC.

Principal Place	of Business	Ma	iling Address			_)(901 t)8t 190t
5770 W IRLO BRONSON MEMORIAL HWY 5770 W IRLO BRONSON N SUITE 309 SUITE 309			EMORIAL HWY							
Suite 309 :Kissimmee:ei*	34746		SIMMEE FL-34748				DO'NOT WRITE'	N THIS'S	SPACE ~	در سومیت کیا
- NOOMMEE' E.						•	3. Date Incorporated or Qualifed 03/21/1995			
2 Principal Pl	ace of Business	1 2a	Mailing Address			_	4. FEI Number		Apr	olied For
一 ・	ace of Dosinoss	26	maining / radioco				59-3304883		_ 	Applicable
Suite, Apt.	# etc	20	Suite, Apt. #, etc.						\$8.75 A	
22	,, 0.0.	27	,				5. Certifcate of Status Desired	J	Fee Re	,
City & State	9		City & State			_	6. Election Campaign Financing		\$5.00	Mav Be
23		28	•				Trust Fund Contribution	J	Added to	
Zip	Country		Zip	Coun	try	_	8. This corporation owes the current	year Inta	ngible	_
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Regist	tered Agent				10. Name and Address of New Regi	stered A	gent	
				_ [;	81 r	Name				
	SIRY, GEORGE			ļ.	82 3	Street Addre	ess (P.O. Box Number is Not Acceptable)			
5770 W IRLO BRONSON MEMORIAL HWY				1	Street Address (P.O. Box Number is Not Acceptable)					
	E 309]	83					
KISS	MMEE FL 34746			Į.		Oth.			85 Zip C	Code
				ľ	84	City		FL	21p C	,ouc
11. Pursuant	to the provisions of Sections 607.0	502 and 60	07.1508, Florida Statut	es, the ab	ove-r	named corpo	oration submits this statement for the pur	pose of c	hanging its	registered "
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florid loations of	a. Such change was a Section 607.0505. Flo	uthorized rida Statul	by the tes.	e corporatio	n's board of directors. I hereby accept th	e appoin	unent as reț	jistereu
-9	The familiar in the first of the second seco	gallone en								,
SIGNATURE	Signature, typed or printed name of registered a	agent and title if	f applicable. (NOTE	Registered A	lgent si	ignature required	when reinstating)	DATE		
12.	OFFICERS.	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	P		☐ DELETE	1.1 TITL	.E	-			☐ Change	Addition _
NAME	KOUSIRY, GEORGE			1.2 NAX	ic.					
STREET ADDRESS	5770 W IRLO BRONSON ME	emorial i			AL.		•			Į.
CITY-ST-ZIP	KISSIMMEE FL 34746		HWY SUITE 309	1.3 STR		DDRESS				
TITLE-	VP ·			1.3 STR	REËT AL			_		
NAME	¥ F		HWY SUITE 309		REET AL Y-ST-Z				Change	Addition *
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STREET ADDRESS	• • •			1.4 CITY 2.1 TITL 2.2 NAM	REET AL Y-ST-Z LE ME				Change	Addition •
j	KOUSIRY, SYLVANA			1.4 CITY 2.1 TITL 2.2 NAM	REET AL Y-ST-Z LE ME REET AL	DORESS		·		.
STREET ADDRESS	KOUSIRY, SYLVANA 5770 W IRLO BRONSON, ST			1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	REET AL Y-ST-Z LE ME REET AL Y-ST-2	DORESS			Change	Addition •
STREET ADDRESS	KOUSIRY, SYLVANA 5770 W IRLO BRONSON, ST		☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT	REET AL Y-ST-Z LE ME REET AL Y-ST-2 LE	DORESS				.
STREET ADDRESS CITY-ST-ZIP TITLE	KOUSIRY, SYLVANA 5770 W IRLO BRONSON, ST		☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	REET AL Y-ST-Z E ME REET AL Y-ST-2 E	DORESS				.
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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.

6.4 CITY-ST-ZIP