

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90014 039 \*\*\*150.00

DOCUMENT #

1. Corporation Name

258458

(9) VOK

GELB MONUMENTS, INC.

Principal Place of Business

Mailing Address

5825 PLUNKETT STREET  
HOLLYWOOD, FLORIDA  
33023/ BROWARD

1201 SW 128th TERRACE  
PEMBROKE PINES, FL #110  
33023/ BROWARD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/62

4. FEI Number

Applied For

59-0953351

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

5825 PLUNKETT STREET  
Suite, Apt. #, etc.

261 1201 SW 128th TERRACE  
Suite, Apt. #, etc.

City & State

City & State

23 HOLLYWOOD, FLORIDA

28 PEMBROKE PINES, FLORIDA

Zip Country

Zip Country

24 33023

25 BROWARD

29 33023

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APATOV, SANFORD  
5825 PLUNKETT STREET  
HOLLYWOOD, FLORIDA 33023

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 officer 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME P/D APATOV, SANFORD  
STREET ADDRESS 1201 SW 128th TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FLORIDA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME ASSISTANT DIRECTOR  
STREET ADDRESS HALLER, KENNETH  
CITY-ST-ZIP 12515 N. KENDALL DRIVE  
MIAMI, FLORIDA 33186

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Kenneth M. Haller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH M. HALLER

4/30/99

(954) 430-2847