


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

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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90165 016 \*\*\*635.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 494418

1. Corporation Name  
 GILBERT PENROSE & ASSOCIATES, INC.



Principal Place of Business: 5380 N OCEAN DR APT 11H SINGER ISLAND FL 33404 US

Mailing Address: 616 MAIN ST SUITE 600 JOHNSTOWN PA 15901 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 17331 SW 61 CT, Suite, Apt. #, etc. 22

2a. Mailing Address: 26 Suite, Apt. #, etc. 27

City & State: 23 Ft Lauderdale FL, Zip 24 33331, Country 25 USA

City & State: 28, Zip 29, Country 30

3. Date Incorporated or Qualified: 03/19/1976

4. FEI Number: 59-1662407, 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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent: PENROSE, GILBERT, 5380 N OCEAN DR SUITE 11H, SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent: 81 Name: Gilbert Penrose, 82 Street Address: 17331 SW 61 CT, 83, 84 City: Ft Lauderdale FL, 85 Zip Code: 33331

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: [Signature] DATE: 3-5-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENROSE, GILBERT	
STREET ADDRESS	5380 N OCEAN DR APT 11H	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gilbert Penrose	
1.3 STREET ADDRESS	17331 SW 61 CT	
1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33331	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GILBERT PENROSE

DATE: 3-5-99 DAYTIME PHONE #: 954-434-6221

CR2E034 (11/98)