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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 573184

1. Corporation Name

G S S REALTY CORP.

Principal Place of Business Mailing Address											1811 81817 1887	
2455 E SUNRISE BLVD #502			2455 E SUNRISE BLVD #502				1					
STE 320 STE 320							DO NOT WRITE IN I	·uie edv	CE			
FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304							-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						•		05/23/1978				
2 Principal D	lace of Rusiness	22	Mailing Address					4. FEI Number		I Ap	plied For	
2. Principal Place of Business			26 Years 26					65-0043580		\vdash	t Applicable	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.								dditional	
22			27				\ \ \ \ \ \	5. Certifcate of Status Desired		Fee Re		
City & State			City & State					6. Election Campaign Financing		5.00	May Be	
23	•	28	,					Trust Fund Contribution		Added t	*	
Zip	Country		Zip	Coun	try			8. This corporation owes the current year	r Intangil	ole		
24	25	29	[30				Personal Property Tax.	`		X No	
1	g. Name and Address of Current	Regis	tered Agent				1	0. Name and Address of New Registe	red Ager	nt	'\	
				1	81	Name		•				
SCHNITZER, GERALD S					82	Street Ac	ddress	(P.O. Box Number is Not Acceptable)	-			
2455 E SUNRISE BLVD, STE 502						Buccin		(.c. Box Hamber to Herricophians)				
FT L	AUDERDALE FL 33304			1	B3				_			
					54	O'th i			8	5 Zip (- Aho	
					84	City			FL) Zip (Jude	
office or n	egistered agent, or both, in the State on the manager of the obligate and accept the obligate and the colling of the obligate and the obligate	of Florid ions of	da. Such change was at , Section 607.0505, Flor	uthorized I rida Statut	by 1 es.	the corpora	ration s	tion submits this statement for the purpos board of directors. I hereby accept the a	рропппе	nt as re	gistered	
	Signature, typed or printed name of registered agen			<u> </u>	genl	t signature req	quired whe	an reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		DECTO	DC IN 12	
12.	OFFICERS AN	D OIRE	DELETE	13. 1.1 TITL				ADDITIONS/CHANGES TO OFFICERS		Change	Addition	
TITLE	PST COUNITYED CEDALD S		L) DECETE						_			
NAME	SCHNITZER, GERALD S. 2455 E SUNRISE BLV #502			1.2 NAM		***************************************						
STREET ADDRESS						ADDRESS						
CITY-\$T-ZIP	FT LAUDERDALE FL		☐ DELETE	1.4 CITY 2.1 TITL		-ZIP				Change	Addition	
TITLE			D Dittit			Į.						
NAME				2.2 NAM							ſ	
STREET ADDRESS						ADDRESS					}	
CITY-ST-ZIP			□ DELETE	2. 4 CIT		T-ZIP				Change	Addition	
TITLE			□ DECE IE							01.090		
NAME				3.2 NAM							1	
STREET ADDRESS				•		ADDRESS						
CITY-ST-ZIP			☐ DELETE	3.4. CIT		T-ZIP				Change	Addition	
TITLE			C decere	4.1 TITL							1	
NAME				4. 2 NA								
STREET ADORESS						ADDRESS						
CITY-ST-ZIP			☐ DELETE	4 4 CIT		r-ZIP				Change	☐ Addition	
TITLE				5.1 TITL 5.2 NAM					ت			
NAME				li e		ADDRESS					ļ	
STREET ADDRESS				5.4 CITY							ļ	
CITY-ST-ZIP			☐ DELETE	6.1 TITL		-217		, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
TITLE			C Derrie	6.2 NAN					ت			
NAME				•		ADDRESS					,	
STREET ADDRESS	İ			0.001K		, mol/con						

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 torporation 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

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR