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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F58697
1. Corporation Name
G J S NORTH SOUTH CORPORATION

(6)

FILED Mar 04 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | - | I IDAI BAUK UNUF | Digit Sign | 1 41411 1441 |
|---|--|------------------------------|------------------|---|----------------------------------|--|------------------|-------------|------------------------|
| 7562 W. COMMERICAL BLVD. 7562 W. COMMERI | | | BLVD. | | | Ĭ | | | |
| LAUDERHILL | FL 33319 | LAUDERHILL FL 33319 | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified | N THIS SPA | UE | |
| | | | | | | 12/16/1981 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4, FEI Number | | TIAC | oplied For |
| 21 | | 26 | | | | 59-2164726 | | | ot Applicable |
| Suite, Apt. | | | | | _ [| | Additional | | |
| 22 | 27 | | | | 5, Certificate of Status Desired | · ' | | equired | |
| City & State City & State | | | | | | 6, Election Campaign Financing | | \$5.00 | May Be |
| 23 | 28 | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip Country | | ⊢ | Zip Country | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 25 29 30 30 9. Name and Address of Current Registered Agent | | | | Personal Property Tax due June 30. Yes No | | | | | |
| 000 | | Registered Agent | | 81 | Name | 10. Name and Address of New Regi | stered Age | nt | |
| | HWARTZHERG, GARY | | [| ۱" | | | | | |
| | 12 W COMMERCIAL BLVD. JDERHKL FL 33319 | | | 62 | Street Addre | Idress (P.O. Box Number is Not Acceptable) | | | |
| LA | | h. | 83 | | | | | | |
| | | | ľ | _ | | | | | |
| | | | Į. | 84 | City | | FL | 5 Zip (| Code |
| 11 Purement | to the provisions of Sections 607.0502 | and 607 1508 Florida Statu | ites the eh | OVE. | named corpo | vation submits this statement for the out | | enging if | is registered |
| office or r | egistered agent, or both, in the State of | f Florida Such change was | authorized | by | the corporation | oration submits this statement for the purply submits this statement for the purply succept of directors. I hereby accept | the appoint | ment as | registered |
| | rn tamillar with, and accept the obligat | ions of, Section 607.0505, h | iorida Statt | nes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NC | TE: Registered | Agen | nt signature required | d when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICE | RS AND DI | RECTOF | IS IN 12 |
| TITLE | P | | 1.1 TiTi | LE | | | | Change | Addition |
| NAME | SCHWARTZBERG, GARY | | 1.2 NAJ | 1.2 NAME | | | | | |
| STREET ADDRESS | 7020 W CYPRESSHEAD DR | 1.4 (| | 1.3 STREET ADDRESS 1.4 City-St-Zip | | | | | |
| CITY-ST-ZIP | PARKLAND FL | | | | | | | | |
| TITLE | | L DELETE | 2.1 TITL€ | | | | | Change | Addition |
| NAME | | | 2.2 NAM | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STR | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | ITY-ST-ZIP | | | · | | |
| TITLE | | ☐ DELETE | | | | | Ш | Change | Addition |
| NAME | | | 3.2 NA | ME | į | | | | |
| STREET ADDRESS | | | 3.3 STR | EET / | address | | | | |
| CITY-ST-ZIP | ZIP DELETI | | 3.4. CITY-ST-ZIP | | | | | Ohan | A datate |
| TITLE | DELETE | | | 4.1 TITLE | | | | Change | Addition |
| NAME | | | 4. 2 NA | | | | | | |
| STREET ADDRESS | | | | | ADORESS | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CIT | _ | - ZIP | | | Change | Addition |
| TITLE NAME | | □ perie(¢ | 5.1 TITE | | | | | O MINISTER | الانانان الم |
| | | | 5.2 NAX | | ADDRESS | | | | |
| STREET ADDRESS | | | | | ADDRESS 700 | • | | | |
| CITY-ST-ZIP TITLE | | | | 5.4 CHY-ST-ZIP 5.1 TITLE | | | | Change | Addition |
| NAME | | been | 6.2 NAM | | | | ليسا | - mills | |
| STREET ADDRESS | | | | | ADDRESS : | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | | | | | | |
| | ertify that the information supplied with | this filing does not mualify | | | | Section 119.07(3)(i), Florida Statutes. I fu | rther certify | that the | Information |
| indicated officer or o | on this annual report or supplemental | annual report is true and ac | curate and | that is re | t my signature | ection 119.07(3)(i), Florida Statutes. I fue shall have the same legal effect as if m red by Chapter 607, Florida Statutes; ar | nade under | oath; tha | at I am an pears in |

Aris GARY Shwartsberg