

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F930000000430**

1. Corporation Name
GC HOLDING INC.

Principal Place of Business
**ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1010**

Mailing Address
**ONE TOWN CENTER ROAD
BOCA RATON FL 33486-1010**

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90003 020 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1993

4. FEI Number **13-3593552** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
21 **1750 Clint Moore Road**

2a. Mailing Address
26 **1750 Clint Moore Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **Boca Raton, FL**

City & State
28 **Boca Raton, FL**

Zip Country
24 **33487 USA**

Zip Country
29 **33487 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> DELETE	
	ELLBERGER, LARRY	<input type="checkbox"/> DELETE	
	ONE TOWN CENTER RD	<input type="checkbox"/> DELETE	
	1750 Clint Moore Road	<input type="checkbox"/> DELETE	
	BOCA RATON FL 33487	<input type="checkbox"/> DELETE	
	S	<input type="checkbox"/> DELETE	
	LAMM, ROBERT B	<input type="checkbox"/> DELETE	
	2588 NW 64TH BLVD	<input type="checkbox"/> DELETE	
	BOCA RATON FL	<input type="checkbox"/> DELETE	
	DVPT	<input type="checkbox"/> DELETE	
	MCMAHON, PAUL	<input type="checkbox"/> DELETE	
	ONE TOWN CENTER RD	<input type="checkbox"/> DELETE	
	BOCA RATON FL	<input type="checkbox"/> DELETE	
	DP	<input type="checkbox"/> DELETE	
	SCHULTE, BERND A	<input type="checkbox"/> DELETE	
	ONE TOWN CENTER RD	<input type="checkbox"/> DELETE	
	BOCA RATON FL	<input type="checkbox"/> DELETE	
	S	<input type="checkbox"/> DELETE	
	LAMM, ROBERT E	<input type="checkbox"/> DELETE	
	ONE TOWN CENTER RD	<input type="checkbox"/> DELETE	
	BOCA RATON FL	<input type="checkbox"/> DELETE	
	AS	<input type="checkbox"/> DELETE	
	JAMESON, CRAIG E	<input type="checkbox"/> DELETE	
	ONE TOWN CENTER RD	<input type="checkbox"/> DELETE	
	BOCA RATON FL	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
Timothy M. Cremin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1750 Clint Moore Road	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
6.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		

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.

SIGNATURE: Timothy M. Cremin Timothy M. Cremin Assistant Treasurer 7/26/99 561-362-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)