Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90048 015 ***150.00

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

DOCUMENT # F9300003040

1. Corporation Name

G-N- DRI	ooks Perso	ONNEL CC	unr.									
Principal Place	e of Business		Ma	iling Address			·	\dashv	§ IMBITON 1140 10400 ISITE DUTTE O	Milit Milit Massi i		INDER DOME CODE
175 N. MILITAR	Y TR.		175	N. MILITARY TR.								
W. PALM BCH. FL 33415 W. PALM BCH. FL 33415												
US		•	US					-	DO NOT WR		SPACE	
									3. Date Incorporated or Qualifed			1
	(0)			Mailian Address					06/30/1993 4. FEI Number			olied For
 i	lace of Business		2a.	Mailing Address				ļ	13-2776166			Applicable
21 Suito Ant	# 010		26	Suite, Apt. #, etc.							\$8.75 A	
Suite, Apt.	#, 6tG	•	27	Outto, 7 (pt. #; oto:				- {	5. Certificate of Status Desired		Fee Re	
City & State	e .		21	City & State				_	6, Election Campaign Financing		\$5.00	May Be
23			28	•					Trust Fund Contribution		Added to	
Zip		Country		Zip	Co	ountry			8. This corporation owes the cur	rent year Int	anoible	
24	25		29		30				Personal Property Tax.		/es	No
	9. Name and	Address of C	urrent Regist	ered Agent					10. Name and Address of New	Register <u>ed</u>	Agent	
		•				81	Name		•			
	I, LOUIS	~~				82	Street Ad	idres	s (P.O. Box Number is Not Accept	able)		
1682	25 CHARTLEY (-			•							
DEL	DAV BOU CL O		******	-		83						
· DELI	RAY BCH. FL 3	3484		-		84	City				85 Zip C	ode
										<u>FL</u>	<u>. </u>	
11. Pursuant office or reagent. I a	to the provisions registered agent of miliar with a	of Sections 60 or both, in the pulaccept the	07.0502 and 60 State of Florid obligations of,	07.1508, Florida Stat a. Such change was Section 607.0505, F	utes, the authorize lorida Sta	above ed by etutes.	e-named co the corpora	orpora ation':	ation submits this statement for the s board of directors. I hereby acce	e purpose or pt the appoi	ntment as rec	gistered
SIGNATURE									(1171	77		
	Clamature, tempor or all	HI name of regists	ved agent and title it	familicable (NO	TF: Register	ed Apen	nt signature regu	urred w	hen reinstating)	DATE		ì
	Signature, typed or en		red agent and title it		TE: Register	_	nt signature requ	urred w		DATE	ND DIRECTO	RS IN 12
12.			red agent and title it RS AND DIRE		13	_	nt signature requ	urred w	han reinstating) ADDITIONS/CHANGES TO O	DATE	ND DIRECTO	RS IN 12
	CPS			CTORS	1.1	3.	nt signature requ	urred w		DATE		
12. TITLE	CPS FEIN, LOUIS	OFFICE		CTORS	13 1.1 1.2	TITLE NAME	nt signature requ	urred w		DATE		
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14. 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 corporated 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Signature required

561-686-0145