PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F9400005368
	1 34000000000

Corporation Name

GNF INC.

GIVI IIV	,											
Principal Place	e of Business	Mailing Address				11	HATIAA IIIA IRIII ALAIN AAIN			11111	101 1011 1991	
7903 GARDNER		7903 GARDNER DRIVE										
NAPLES FL 33942 NAPLES FL 33942					-		DO NOT WE	NITE IN TI	LO ODACE			
					-	2 Data In	DO NOT WE		SSPACE	<u> </u>		
							7/1994	u				
2 Principal D	lace of Business	2a. Mailing Address		-		4. FEI Nu				TApp	ied For	
	Idde of Dusiness	⊢ -	<u> </u>			65-05 15339				Not Applicable		
Suite, Apt.	# etc.	Suite, Apt. #, etc.	Suite. Apt. #. etc.						\$8.	\$8.75 Ac ditional		
22	, 5.5.	27				5. Certifcate of Status Desired			Fee Required			
City & Stat	e	City & State				6. Electio	n Campaign Financing	, _	\$5	.00 k	lay Be	
23		28				Trust F	and Contribution		Ad	ded to	Fees	
Zip	Country	Zip	Country	,		8. This co	poration owes the cu	rrent year		\	·	
24	25	29	30				al Property Tax.		Yes	. ₹	2No	
	9. Name and Address of Curr	ent Registered Agent		T 51		0. Name	and Address of New	Registere	1 Agent			
DIDT	OLO, PETER		81	Name)							
	GARDNER DRIVE		82	Street	t Ad tress	(P.O. Box	Number is Not Accep	table)				
	LES FL 33942		0.5									
NAC	LES FL 33942		83									
			84	City				F	85	Zip Co	de	
	to the provisions of Sections 607.0	500 L 007 4500 Florido Chat	- 166		d as :aarat	lian auhmi	a this statement for th	-		no ite n	onistered	
office o r agent. I a	registered agent, or both, in the Starm familiar with, and accept the obli	te o: Florida. Such change was aut	thorized by	the corp	poration's	board of o	directors. I hereby acc	ept the ap	opintment .	as regi	istered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE . F	Registered Age	nt signature i	e required whe			DATE				
12.	OFFICERS	AND DIRECTORS	13.		 	ADDITIO	NS/CHANGES TO C	FFICERS				
TITLE	PS	☐ DELETE	1.1 TITLE						☐ Cha	ange	Addition	
NAME	BIRTOLO, PAM		1.2 NAME									
STREET ADORES S	7903 GARDNER DRIVE		1.3 STREE	1.3 STREET ADDRESS								
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-	T-ZIP	<u> </u>						Addition	
TITLE	VT	☐ DELETE	2.1 TITLE						☐ Cha	ange	Addition	
NAME	BIRTOLO, PETER		2.2 NAME									
STREET ADDRESS			2.3 STREE	T ADDRESS	s							
CITY-ST-ZIP	NAPLES FL 33942		2. 4 CITY-	ST-ZIP	——				Cha		Addition	
TITLE		☐ DELETE	3.1 TITLE							igu		
NAME			3.2 NAME		_							
STREET ADDRESS			i	T ADDRESS	S							
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP						☐ Chi	ange	Addition	
TITLE		DELETE	4.1 TITLE		·				C 4	90		
NAME			4. 2 NAME									
STREET ADDRESS				T ADDRESS	3							
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP						Ch:	ange	Addition	
TITLE		C DECEIE	5.1 TITLE 5.2 NAME							J -		
NAME CTREET ADDOCUS			N .	T ADDRESS	s							
STREET ADDRESS			5.4 CITY-		1							
CITY-ST-ZIP TITLE			6.1 TITLE		+-		·		Ch:	ange	Addition	
THE												
NAME			6.2 NAME								_	

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 of supplemental chiqual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that i aim an officer or director of the corporation by the retain a contract of the corporation of the retain and that my name appears in Block 12 or Block 13 schanged. On a particular mode with an address, with a lother like empowered.

SIGNATURE:

TO THE AND THE OF RINTED NAME OF SIGNING OFFICE OR DIRECTOR

423 99 Date

941 S94 9652

CR2E034 (11/98)