## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

F94115

(5)

**FILED** Mar 11 1998 8:00am Secretary of State

	GILB	ert pro	PER	TIES INC.												
Principal Place of Business Mailing Address												{				
% STEPHEN G. WILLIAMS. C.P.A. 2850 NE 52ND 8TREET LIGHTHOUSE POINT FL 33064 US						% STEPHEN G. WILLIAMS, C.P.A. 2650 NE 52ND STREET LIGHTHOUSE POINT FL 33064-4052						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
2. Principal Place of Business					20	2a. Mailing Address						08/11/1982 4. FEI Number			No. 15 - 1 Fee	-
21	<del>-</del>					26								-	Applied For Not Applicable	$\exists$
-	Suite, Apt. #, etc.				1201	Suite, Apt. #, etc.						59-2223311			Additional	4
22	2				27	27						5. Certificate of Status Desired			Required	
City & State						City & State						6. Election Campaign Financing		\$5.00	) May Be	7
23				28							Trust Fund Contribution			to Fees		
	Zip			Country	$\vdash$	Zip			untry	•		8. This corporation owes or has p				
24		a Nama	25	Address of Current	29	tavad tavaut		30	т			Personal Property Tax due June			□ No	_
_		<del></del>			Regis	Registered Agent			81 Name			10. Name and Address of New R	egistered	Agent		4
WILLIAMS, STEPHEN G., C.P.A.									0.	INATIFE	,					1
2650 NE 52ND STREET									82 Street Addre			ss (P.O. Box Number is Not Accepta	ble)			٦
LIGHTHOUSE POINT FL 33064								83							4	
								63								
									84 City				FL	85 Zip	Code	1
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>									bove d by	e-named the col	d corpor	ration submits this statement for the n's board of directors. I hereby acce	purpose o	changing ointment a	its registered s registered	1
		ım <b>1am</b> ıllar wi	ith, an	d accept the obliga	tions of	, Section 607	.0505, Flo	rida Sta	tutes	3,					-	
SI	SNATURE	Signature typed	f or printe	ed name of registered agen	t and title	il epplicable	ONOTE	Begistere	nd Age	nt signatur	a required	when reinstating)	DATE		<del></del>	1_
12				OFFICERS AND				13.		- Grant		ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	46
ŦIŦI	Æ .	PST					ELETE	1.5 T	ITLE		1			☐ Change	Addition	10/01
NAI	AE .	WILLIAMS, STEPHEN G.							AME							
STR	EET ADORESS	2650 I	NE 52	ND STREET				1.3 S	TREET	ADDRESS						١
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NA	4€ <sup>°</sup>			stephen G.				2.2 N	AME							
				ND STREET					2.3 STREET ADDRESS							
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CITY-ST-ZIP						6.4 CIT			TY-ST	- ZIP					:	

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 a 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 propagation of the corporation of the corporation of the corporation of 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 propagation of the corporation of the co