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PROFIT
CORPORATION
ANNUAL REPORT
1999
OCHACATT # 5



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name

Principal Place of Business

GMG Operating Corp.

Mailing Address

SECE!

FILED

					3. Date incorporated or Quarred			
					August 7, 1998			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	├ ── ├	oplied For		
	Jacqueline Court	26 16100 Jacque	line	Court			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired .		Additional Required	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be	
			, CA		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	′	8. This corporation owes the current year into			
24 95037	· · · · · · · · · · · · · · · · · · ·	29 95037 3	0		Personal Property Tax.	☐ Yes) So No	
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered	Agent		
				Name				
	National Registered Agents, Inc.			Street Ar	ddress (P.O. Box Number is Not Acceptable)			
	526 East Park A	Ave.	["	82 Street Address (P.O. Box Number is Not Acceptable)				
	Tallahassee, Fl	և 32301	83					
			ļ					
			84	City	FL	85 Zip	Code	
11 Dugwood	to the provinces of Sections 607 0502	and 607 1509 Florida Statutas	the show	o pomod or		chonging if	o societored	
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	nonized by	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	ntment as r	egistered	
agent I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes).				
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signsture req	uired when reinstating) DATE			
12	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	President/Director	☐ DELETE	1.1 TITLE	1		Change		
NAME	Joseph Piazza, Sr.	· . i	1.2 NAME		000002974	730	0	
STREET ADDRESS	16100 Jacqueline Co	ourt	1.3 STREE	TADDRESS	-08/31/990		016	
CITY+ST-ZIP	Morgan Hill , CA 95	5037	1.4 CITY- S	T-ZIP	****550.00	<u> </u>	50.00	
T:TLE	Vice President	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	James J. Kellv. Jr.		2.2 NAME	i				
STREET ADDRESS	James J. Kelly, Jr. 16100 Jacqueline Co	ourt	2.3 STREET	TADDRESS .				
CiTy-ST-ZiP	Morgan Hill , CA 95	037	2. 4 CITY-5	T-ZIP				
TOLE	Chief Executive Off		3.1 TITLE			Change	☐ Addition	
NAME	Joseph F. Keenan		3.2 NAME	İ			_	
STREET ADDRESS	16100 -	urt	3.3 STREET	TANNESS	•			
	Morgan Hill , CA 95							
CITY-ST-ZIP TITLE	HOLGAN HILL , CA 95	□ DELETE	3.4. CITY-S 4.1 TITLE	11-48"		☐ Change	☐ Addition	
İ			4. 2 NAME			0.00190		
NAME								
STREEFADORESS			4.3 STREE					
C-TY-S1-Z-P			4.4 CITY-S	T-20P				
TITLE .		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
O/1Y-\$1- Z /P			5.4 CITY-S	T-21P	<u> </u>			
THILE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
OIT-ST-ZP			6.4 CITY-5	T-20P				
Uni:-⊅1-2 F								

14. Thereby 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 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 conducted 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 chyriged, or on an attactyment with an address, with all other like empowered.

SIGNATURE:

Joseph Piazza, Sr.

(408) 778-0500