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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G49731

Corporation Name

Principal Place of Business

GILSON INVESTMENTS, INC.

6701 S.W. 120 5 6701 SW 120TH MIAMI FL 33156 US	STREET	6701 S.W. 120 ST. 6701 SW 120TH STREET MIAMI FL 33156 US		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 07/22/1983	SPACE
2 Date de al Di	and of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business		<u>├</u>		59-2303137	Not Applicable
21		26 Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		ì—		5. Certificate of Status Desired	Fee Required
22 City & Ctate		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	•	28		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	This corporation owes the current year Inta	ngible
·	25	29 30	ı .		∐Yes X No
24		Current Registered Agent	<u> </u>	10. Name and Address of New Registered A	lgent
81 Name					
GILSON, GLEN W., II				(D.C. D. Markeria Marketin)	
6701 SW 120TH STREET			82 Street	t Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156			83		1 2 3 4 1 2
			84 City	FI	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 Signature Vises or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name of regis	* * * * * * * * * * * * * * * * * * * *	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	OFFICI	ERS AND DIRECTORS	1.1 TITLE	Appliforation with the second	Change Addition
TITLE	GILSON, GLEN W., II	_ occere	1.2 NAME		
NAME	·				
STREET ADDRESS	6701 SW 120TH ST.		1.3 STREET ADDRESS	5	
CITY-ST-ZIP	MIAMI FL DP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	•	Detere			
NAME	GILSON, EDITH ANN		2.2 NAME		
STREET ADDRESS	6701 S W 120TH ST	150	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 FL 33	DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE /	, ,	☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	S	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME	k .		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	S	•
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME					
STREET ADDRESS	4		5.3 STREET ADDRESS	5	
C/TY-ST-ZIP			5.4 CITY-ST-ZIP	<u>`</u>	Change Addition
TITLE	lander of the second of the se	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		·	6.2 NAME		
STREET ADDRESS	ar.		6.3 STREET ADDRESS	\$	

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

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90015 035 ***150.00

305-661-0180

Daytime Phone #

CR2F034 (11/98