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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

•	999 DIVISION OF CORPORATIONS					•		
		27					01-23-1999 90059 042 ****150.00	
1. Corporation		521						
GBSC, IN	IC.	•					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/04/1983 4. FEI Number	
Principal Place	of Business	Mai	ling Address				I (1884) 464 Bliffs (184) 1614 1184 1941 1944	
8773 SW 133 ST	FREET		SW 133 STREET					
miami FL 33176 US		MIAN US	AI FL 33176				DO NOT WRITE IN THIS SPACE	
00		* ?					1 .	
2 Principal Pl	ace of Business		Mailing Address					
21	add of Buomess	26					59-2334819 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				L = Cardifecto of Ctatus Desired	
22			27				Fee Required	
City & State	•	28	City & State				1 9 1	
Zip	Country		Zip	Count	tгу		8. This corporation owes the current year Intangible	
24	25 29			30			1 craonari roporty rax.	
	9. Name and Address of	Current Regist	ered Agent	8	24	Name	10. Name and Address of New Registered Agent	
BUS	HER, GEORGE C.			ľ				
	SW 133 STREET	•		8	32	Street Addre	ress (P.O. Box Number is Not Acceptable)	
	II FL 33176			8	33			
					34	City	85 Zin Code	
				i		City	FL	
						named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the	obligations of,	Section 607.0505, Florid	da Statute	es.	,	•	
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if	applicable. (NOTE: F	Registered Aç	gent s	signature required	d when reinstating) DATE	
12.		RS AND DIRE	CTORS	13.				
TITLE	טוט		☐ DELETE		1.1 TITLE		Change Addition	
NAME	BUSHER, GEORGE C.			1.2 NAM				
STREET ADDRESS	8773 SW 133 STREET				1.3 STREET ADDRESS 1.4 City-St-ZiP			
CITY-ST-ZIP	MIAMI FL		☐ DELETE	2.1 TITLE		214	☐ Change ☐ Addition	
TITLE NAME				2.2 NAME		•		
STREET ADDRESS	•			2.3 STREET		DORESS		
CITY-ST-ZIP				2. 4 CITY	Y-ST-	ZIP		
TITLE			☐ DELETE	3.1 TITLE	Æ		Change	
NAME				3.2 NAM				
STREET ADDRESS	# *					ADDRESS		
CITY-ST-ZIP	<u> </u>		☐ DELETE	3.4. CITY 4.1 TITL		-ZIP	☐ Change ` ☐ Addition	
TITLE NAME				4. 2 NAN		İ		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				4.4 CITY	/-ST-	ZIP		
TITLE			☐ DELETE	5.1 TITU			☐ Change ☐ Addition	
NAME				5.2 NAM		ADDRESS.		
STREET ADDRESS	÷ :-			5.3 STR		ADDRESS !		
CITY-ST-ZIP			DELETE	6.1 TITL		4.0	☐ Change ☐ Additio	
TITLE NAME				6.2 NAM				
DAME:								

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director 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 in attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Jan 23, 1999 8:00am

Secretary of State