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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 19, 1999 8:00 am **Katherine Harris** Secretary of State

02-19-1999 90067 049 \*\*\*150.00

1999 DOCUMENT # J29239 1. Corporation Name G. P. ORIGINALS, INCORPORATED Principal Place of Business Mailing Address % GEORGIOS PANAYIOTOU % GEORGIOS PANAYIOTOU 36 NE 1ST ST., STE 636 36 NE 1ST ST., STE 636 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualifed 08/13/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2712530 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 ☐ Yes Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PANAYIOTOU, GEORGIOS 82 Street Address (P.O. Box Number is Not Acceptable) 36 NORTHEAST FIRST STREET SEYBOLD BUILDING #636 83 MIAMI FL 33132 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE ☐ Change TITLE 11 TM F PANAYIOTOU, GEORGIOS 1.2 NAME NAME STREET ADDRESS 11109 N.E. 10 AVE. 1.3 STREET ADDRESS BICAYNE PARK FL CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS



Daytime Phone #