## 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

## 1999 DOCUMENT # K03563

1. Corporation Name G.W. ROD BUSTERS INC.

Principal Place of Business

Mailing Address

5780 SW 17 STREET

# Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90076 014 \*\*\*158.75



PLANTATION FL		PLANTATION FL 33317		PO.	NOT WRITE IN THI	C CDACE			
						44.	3 SFACE		
					3. Date Incorporated of	Qualifed			
100					11/24/1987		T-1 .		
2. Princip	G. W. ROD BUSTERS	2a. Mailing Address			4. FEI Number		_ <u> </u>	plied For	
21			<u> </u>		59-2858316	/	<del></del>	t Applicable	
Suite, St. 7	#, etc. 5780 S.W. 17th St.	Suite, Apt. #, etc.	•	5. Certificate of Status	Desired P		\$8.75 Additional Fee Required		
City & State	Plantation, PL 33317	City & State			6. Election Campaign F	inancing	\$5.00	May Be	
23		28		Trust Fund Contribu	tion 🗀	Added to Fees			
Zip	Country	Zip Co	ountry		8. This corporation owe	es the current year li	ntangible		
24	25 () S.A	29 30		Personal Property Tax. Yes No			□No		
<del></del>	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registered	d Agent		
			81	Name					
WUJCEAK, GARY K.				OD DO NOT THE STATE OF THE STAT					
5780 SW 17 STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33317					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	11-8			
				<u>,</u>			12.1 -		
			84	City		FI	85 Zip (	Code	
11. Pursuant t	o the provisions of Sections 60,0502	and 607,1508. Florida Statutes, the	above	e-named corp	poration submits this statement	ent for the purpose of	of changing its	registered	
office or re	o the provisions of Sections 67,0502 agistered agent, or both, in the State of a familiar with, and accept the obligation	Florida. Sich change was authorize	ed by	the corporation	on's board of directors. I he	eby accept the appo	ointment as re	gistered	
agent. I ar	n familiar with, and accept the obligation	ons or, Section 607.0505, Florida 918				Ilala.	cr .	[	
SIGNATURE	Signature, typed or printed name of egistered agents	title a sitchiste a sitchiste	Jun	signature require	y when reinstand)	DATE	7	\	
12.		DIRECTORS 13	3.7	7	ADDITIONS/CHANGI	S TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D		TITLE	· [ ]			Change	Addition	
	WUJCEAK, GARY K.	_	NAME						
NAME	5780 SW 17 STREET	-		ADDRESS					
STREET ADDRESS		,							
CITY-ST-ZIP	PLANTATION FL		CITY-ST	T-ZiP		<del></del>	Change	Addition	
TITLE			TITLE				Containe		
NAME			NAME					}	
STREET ADDRESS		23	STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP		<del> </del>		TA LIE	
TITLE		DELETE 3.1	TITLE				Change	☐ Addition	
NAME		32	NAME						
STREET ADDRESS		3.3	STREET	ADDRESS					
CITY-ST-ZIP		3.4.	. CITY-S	T-ZIP					
TITLE		☐ DELETE 4.1	TITLE				Change	☐ Addition	
NAME		4. 2	NAME						
STREET ADDRESS		4.3	STREET	ADDRESS					
CITY-ST-ZIP		4.4	CITY-S1	T-ZIP					
TITLE			TITLE				Change	☐ Addition	
NAME		5.2	NAME			•			
STREET ADDRESS		5.3	STREET	ADDRESS					
CITY-ST-ZIP		5.4	CITY-S1	r-zip					
TITLE		☐ DELETE 6.1	TITLE		<u> </u>	100	☐ Change	Addition	
NAME		6.2	NAME						
OTDEET LODGEGG		63	STREET	ADDRESS				f	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, in office and attachment with an address, with all other like empowered.

SIGNATURE: