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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90084 005 ***150.00

DOCUMENT	#	K47410	ļ
L. Corporation Name		1411 110	

G & D INVESTMENTS, INC.

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Principal Place	e of Business	Mailing Address			(100(0111 011 01011 01011 01011 0111011 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0	91911 A(SI) 616)(AI	A(1 A) B(1) (AB)	
310 E. AMELIA	- -	310 E. AMELIA ST.						
ORLANDO FL 3	32801	ORLANDO FL 32801 US			DO NOT WRITE IN THI	S SPACE		
US		US			3. Date Incorporated or Qualifed			
					11/28/1988			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For	
21		26			65-0083388	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27			5. Contraction of Otalian Desired	Fee Re	quired	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	· .	
23		28	0		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Count 30	У	8. This corporation owes the current year is		□No	
24	9. Name and Address of Curren	t Pagistered Agent	[30]		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curren	t Kegistered Agent	8	1 Name	Id. Haire and Address of New Registers.			
BET/	ANCURTH, DOLORES							
	E. AMELIA ST.		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
	ANDO FL 32801		8	3				
								
			8	4 City	F	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statut	es, the abo	ve-named cor	rooration submits this statement for the nurpose of	of changing its	registered	
office or n	registered agent, or both, in the State of the state of the coling in familiar with, and accept the obligation	of Florida. Such change was a	uthorized b	y the corporat	tion's board of directors. I hereby accept the app	ointment as reg	jistered	
· -		16-	ilda Otatott		red when reinstating) DATE			
SIGNATURE	Monature, typed or printed name of registered agen		Registered Ag	ent signature requi	red when reinstating) DATE			_
12.								ω
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			1/98
TITLE	Р	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	(11/98
	P BETANCURTH, DOLORES		_		ADDITIONS/CHANGES TO OFFICERS A			34 (11/98
TITLE	P BETANCURTH, DOLORES 310 E. AMELIA ST.		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS A			2E034 (11/98
TITLE NAME	P BETANCURTH, DOLORES 310 E. AMELIA ST. ORLANDO FL 32801	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CR2E034 (11/98
TITLE NAME STREET ADDRESS	P BETANCURTH, DOLORES 310 E. AMELIA ST. ORLANDO FL 32801 VP		1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ET ADORESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A			CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANCURTH, DOLORES 310 E. AMELIA ST. ORLANDO FL 32801 VP BETANCURTH, GONZALO	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CR2E034 (11/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BETANCURTH, DOLORES 310 E. AMELIA ST. ORLANDO FL 32801 VP BETANCURTH, GONZALO 310 E. AMELIA ST.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CR2E034 (11/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANCURTH, DOLORES 310 E. AMELIA ST. ORLANDO FL 32801 VP BETANCURTH, GONZALO 310 E. AMELIA ST. ORLANDO FL 32801	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition	CR2E034 (11/98
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE