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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60229

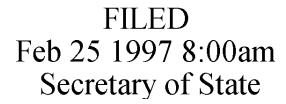
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GBL CORPORATION

Principa	16	lace	οſ	Bus	iness

Mailing Address

1505 SE 40 ST CAPE CORAL FL 33904 1505 SE 40 ST CAPE CORAL FL 33904-7913





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						3. Date Incorporated or Qualified						
0 Division 6							4. FEI Number		UO) II			
2. Principal Place of Business 2a. Mailing Address							65-0094423			<u> </u>	Applied For	
21 Suito Act	# ptc	26	uilo Ant # oto					0070094420		·		Not Applicable
Suite, Apt #, etc Suite, Apt. #, etc. 22 27							5. Certificate of Status D	esired	red S8.75 Additional Fee Required			
City & State City & State							6. Election Campaign Fi	nancing		\$5.0	O May Be	
23		28						Trust Fund Contribution	on			d to Fees
Zψ	Country	Z	p	Co	ountry	'		8. This corporation has I	ability for i	ntangible t	ax under	s. 199.032,
24	25	29		30				Florida Statutes	· [Yes 🔲	No	
	9. Name and Address of Curr	ent Register	ed Agent					10. Name and Address (of New Re	gistered A	gent	
FISH	ier, leigh M.				81	Name	e					
1505 SE 40 ST STE B				82 Street Address (P.O. Box Number is Not Acceptable)								
CAPE CORAL FL 33904					02	Stree	st Address	s (P.O. Box Number is No	Acceptab	ie)		
7/9 L 00/0 L 1 L 0000 1					83						·	
					84	City			·	FI	85 Zij	o Code
11 Puzeuszt	to the provisions of Sections 607.09	502 and 607	1500 Florido Ctotut	too tho			docenor	tion authorita this statemen	at far tha m			
I office or r	registered agent, or both, in the Sta m familiar with, and accept the obl	to of Florida.	Such change was a	authoriz	ed by	the co	orporation	's board of directors. I he	eby accep	ot the appoi	intment a	is registered is registered
SIGNATURE	Signumes Specific printed name of rogistancia											
12.	Officers A	<u> </u>		13		ent signatu	are required v	when reinstating) ADDITIONS/CHANGES	TO OFFICE	DATE EDC AND I	DIDECTO	ADC IN 10
TOLE	VSD	OND DIRECT	DELETE DELETE		TITLE		1	ADDITIONS/CHANGES	TO OFFIC		Change	
	FISHER, LEIGH M.		DECENE							L) Whatigo	L. J AGUIDON
NAME	1505 SE 40TH ST.				NAME							
STREET ADDRESS	CAPE CORAL FL					ADDRESS	5					
C(1Y - S1 - Z(P	PTD		Del exe		CITY-S	T - ZIP						
THTLE	I .		☐ DELETE		TITLE		1			: L	Change	Addition
NAME	PERON, EUGENE			2.2	NAME		Ī					
STREET ADDRESS				2.3	2.3 STREET ADDRESS							
CHTY+ST+ZIP	CAPE CORAL FL				2. 4 CITY-ST-ZIP							
TOTS E	DV		☐ DELETE	3.1	TITLE					[Change	Addition
NAME	LINDAHL, ROBERT L			3.2	NAME							
STREET ADDRESS	521 SE 43RD ST. #5			3.3	STREET	ADDRESS	3					
C(TY+S1+7IP	CAPE CORAL FL			3.4	CITY-S	ST-ZIP						
TITLE			☐ DELETE	4.1	TITLE						Change	Addition
NAMÉ				4.2	NAME							
STREET ADDRESS				4.3	STREET	ADDRESS	s					
CHY+\$1+ZIP					CITY-S							
TITLE	• • • • • • • • • • • • • • • • • • • •		DELETE		TITLE	. 41				T	Change	Addition
NAME					NAME					•		
STREET ADDRESS				1		ADDRESS	,					
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CHY SUZIF			DELETE		CITY-S	I-ZIP	+				Chan	Addition
			L_3 VECCIE		TITLE					L,	Change	Addition
NAME				l l	NAME							
STREET ADDRESS				6.3	STREET	ADDRESS	8					
CITY - S1 - ZIP	<u> </u>		~~~	6.4	CITY-S	T- <i>I</i> IP			***************************************			

I do noreby certify that the information supplied with this fling 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.

SIGNATURE: