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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K77482 1. Corporation Name

GAMMA HIGH VOLTAGE RESEARCH, INC.

FILED
Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90045 033 ***150.00

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Principal Place of Business Mailing Address						-	irin lini ninki ninii 4401		INNII (NAI	
1096 N	ORTH U.S. HIGHWAY 취임 교육하다	1096 NORTH Ü.S. H	IIGHWAY #1 🕹	(4.34)	1		1. No. 1.	; ···	1.	
ORMO	ND BEACH FL 32174- 🐷 🚌 🕮 🗫 🕾 🕾	∞ - 4 • ORMOND • BEACH F	L 32174 . ±							
	The Contract of the Contract o			• • • •	• • • • • • • • • • • • • • • • • • • •	3. Date incorporated or Qualifed	TE IN THIS SPAC	<u> </u>		1
						3. Date incorporated or Qualifed 5 04/04/1989				
2. Pri	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied	l For	١,
21	26					59-2942658	F		plicable	15
	Suite, Apt. #, etc. Suite, Apt. #, etc.						_ \$8	75 Addit		."
22	27					5. Certifcate of Status Desired		ee Require		
	City & State City & State					6. Election Campaign Financing	_ \$ 5	.00 May	Be	
23		28				Trust Fund Contribution		ided to Fe		
Zip	Country	CountryZipCou				8. This corporation owes the curr	ent year Intangible			
24	. 25	29	30			Personal Property Tax.	□Ye	s 🗆 N	lo	
	9. Name and Address of Currer	nt Registered Agent		1 2 2		10. Name and Address of New I	Registered Agent			
MARESCO, HONORA M				81	Name					
GANATS COTTON CT. FACTOR ASLESSED ASC.				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)			
}	SUITE B					n die Leiten gebeit in der Webbinge			15.) 15.9t	
	PALM COAST FL 32137			83			100			ĺ
				84	City	1350 1350 1350		Zip Code		ĺ
2003 N	METH HE DECEMENT OF	11955 A 2013 A 119	04.1.4			and the state of t	<u> FL </u>	14		ı
"` '''o1	ursuant to the provisions of Sections 607.050 fice or registered agent, or both, in the State	of Florida. Such change	was authorize	ed by t	-named corpo he corporatior	oration submits this statement for the n's board of directors. I hereby accep	purpose of changi of the appointment	ng its regis as registe	sterea red	ĺ
a	gent. I am familiar with, and accept the obliga	ations of, Section 607.05	05, Florida Sta	itutes.						ĺ
SIGN	ATURE Signature, typed or printed name of registered age	ant and title if applicable	/NOTE: Pagistass	od Annat	cionatura required :	when reinstating); (**()*);	DATE			١.
12.		ND DIRECTORS	13		aigitature required	ADDITIONS/CHANGES TO OF		CTORS	N 12	0
TITLE	{ DP	☐ DELI	ETE 1.11	TITLE		£0.0000659	☐ Ch		Addition	
NAME	MARESCO, HONORA M.		1.21	NAME	'					1
STREET	ADDRESS 13 COTTON CT.		1,3 \$	STREET	ADDRESS					١
CITY-ST			1,4 (CITY-ST-	ZIP					6
TILE	DVP	☐ DELI	ZTE 2.11	ITLE			☐ Ch	ange [] Addition	5
NAME	GALLUZZO, DOMINICK		2.21	NAME						l
STREET	ADDRESS 76 SHADOW CREEK WAY		2.3 8	STREET	ADDRESS			*		
CITY-ST	ZIP ORMOND BCH FL	i	2.4	CITY-ST	-ZIP					ĺ
TITLE	MASESCO, ECVOSO O	DELI	TE 3.11	TITLE			☐ Ch	ange [] Addition	ĺ
NAME	AND THE RESEARCH	P. akt	3.21	NAME		•				l
	ADDRESS : The state of the stat		3.3 5	STREET A	ADDRESS	हार अन्य हुन्। १४ - एकार प्रेया है। स्थापन के प्रमुख्य के स्वर्धन के	onthing of		3112	l
CITY-ST	ZIRSANIA CONSTRUE CONST			CITY-ST	- ZIP		TELEVISION.	. III (iii) s	44.44	ĺ
TITLE .		☐ DELI	TÉ 4.11	TITLE		TOTAL STATES AND STATES CARREST	eth is all destilles to the Ch	ange 🥍 🖸	Addition	
NAME	09-83 \$ 1907-000 PK	ma areas	4.2	NAME						
STREET	ADDRESS 전투 SV부터	The Association of the State of	4.3 \$	TREET A	ADDRESS					
CITY-ST-	ZIP			CITY-ST-	ZIP				3.4.1111	
TITLE		☐ DELI	•	TILE			□ Ch	ange	Addition	
NAME	·		5.21	IAME						
				TD:	oppres.					1
	ADDRESS				ODRESS				•	
CITY-ST-	1 (*)	□ nes	5.4 0	STY-ST-		11445141 114614	L.J. ¢.F.		Addition	
CITY-ST-	ZP FOR THE PROPERTY OF THE PRO	☐ DELE	5.4 C	TTY-ST-			□ Ch	ange [] Addition	ſ
CITY-ST- TITLE NAME	13 001 (01 5) 24 PART (00 01 10 10 10 10 10 10 10 10 10 10 10 1	☐ DELE	5.4 C TE 6.1 T 6.2 N	OTY-ST- TILE NAME	ZIP		☐ Ch	ange [] Addition	
CITY-ST-	13 OCT COLORS		5.4 C TE 6.1 T 6.2 N 6.3 S	OTY-ST- TILE NAME	ZIP ADORESS		□ Ch	ange [] Addition	r

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.