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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K99549

(3)

GILCAR SECURITIES OF FLORIDA, INC.

**FILED** Feb 03 1998 8:00am Secretary of State



|   |  |  |  |                                     |                              |  |   |                                     | 5   <b>2</b>   1   1   1   1   1   1   1   1   1 |                            |
|---|--|--|--|-------------------------------------|------------------------------|--|---|-------------------------------------|--|----------------------------|
| Principal Place of Business Mailing Address                 |  |  |  |                                     |                              |  | 1 INDIBILI DIN SOLID IDIDI BI   | ILI WIELD TOLL WINLI WI             | DI 1 01811 01811 0191                            | I                          |
| 961 7TH AVE   | NORTH  | 661 7TH AV   | E NORTH  |                                     |                              |  |   |                                     |  |                            |
| TIERRA VERD   | E FL 33715   | TIERRA VER   | TIERRA VERDE FL 33715                              |                                     |                              |  | DO NOT WRITE IN THIS SPACE  |                                     |  |                            |
|   |  |  |  |                                     |                              | ļ  | 3. Date Incorporated or Q   |                                     | 3 31 AOL   |                            |
|   |  |  |  |                                     |                              | İ  | 07/03/1989  | 332                                 |  |                            |
| 2. Principal P  | lace of Business   | 2a. Mailing /  | Address  |                                     |                              |  | 4, FEI Number   | ·                                   | Ar   | plied For                  |
| 1   |  | 26   |  | _                                   |                              |  | 59-2957722  |                                     | Nc   | t Applicable               |
| Suite, Apt.   | #, etc   | Suite, Ap  | ot. #, etc.  |                                     |                              |  | 5. Certificate of Status De   | sired                               | \$8.75   |                            |
| 2   |  | 27   |  |                                     |                              |  |   |                                     | Fee Re   | <del></del>                |
| City & Stat   | 8  | City & St  | ate  |                                     |                              |  | 6. Election Campaign Fina   |                                     | \$5.00   |                            |
| Zip   | Country  | 28 Z(p   |  | Cou                                 | ntrv                         |  | Trust Fund Contribution   |                                     | Added  |                            |
| 4   | 25   | 29   | ļ.   | 30                                  | ,                            |  | <ol><li>This corporation owes of<br/>Personal Property Tax of</li></ol> | •                                   | <u> </u>   | No l                       |
| <u></u>   | 9. Name and Address of   |  |  | <u> </u>                            |                              |  | 0. Name and Address of  |                                     |  |                            |
| BE  | TAL, MOLLY   |  |  |                                     | 81 Nam                       | ne //  | 1 5.  | @:1                                 | ./   |                            |
|   | 7TH AVE NORTH  |  |  |                                     | 82 Street Addre              |  | (P.O. Box Number is Not A   | Acceptable)                         | <del>4</del> L                                   |                            |
| TIE   | RRA VERDE FL 33715   |  |  | [                                   |                              |  |   | North                               |  |                            |
|   |  |  |  |                                     | 83                           |  | an Unana  | PL                                  | _  |                            |
|   |  |  |  | }                                   | 84 City                      |  | UT VELLET   | , <del></del>                       | <b>85</b> Zip (                                  | Code                       |
|   |  |  |  |                                     |                              |  |   | F                                   | L 33   | 775                        |
| <ol> <li>Pursuant<br/>office or r<br/>agent. I a</li> </ol> | to the provisions of Sections 6<br>egistered egent, or both, in the<br>m familia, with, and accept the | 607.0502 and 607.1508, F<br>e State of Florida Such o<br>e obligations of, Section | Florida Statute<br>change was au<br>607.0505, Flor | s, the ab<br>uthorized<br>ida Stati | ove-name<br>I by the coutes. | ed corpora<br>orporation                         | tion submits this statement<br>s board of directors. I here             | for the purpose<br>by accept the ar | of changing it<br>opointment as                  | s registered<br>registered |
| SIGNATURE   | I/ml S.  | Leife  | ,  |                                     |                              |  |   | 1/2                                 | 27/98  |                            |
|   |  | tered agent and lete if applicable   | (NOTE  | Registered                          | Agent s-gnat                 | ure required w                                   | hen reinstaling)  | DATE                                |  |                            |
| 12.   | OFFICE<br>D  | RS AND DIRECTORS   | Toriere  | 13.                                 |                              | <del>-,</del>                                    | ADDITIONS/CHANGES 1   | O OFFICERS AN                       |  |                            |
| TITLE   | •  | L.   | _ DELETE   | 1.1 111                             |                              | -  |   |                                     | Change   | L Addition                 |
| NAME  | BEITAL, CAROL SUE<br>661 7TH AVENUE, NOR   | )TU  |  | 1.2 NA                              |                              |  |   |                                     |  |                            |
| STREET ADDRESS  | TIERRA VERDE FL  | wn   |  |                                     | REET ADDRESS                 | S  |   |                                     |  |                            |
| CITY-ST-ZIP<br>TITLE  | TICHINA YENDE TIL  |  | DELETE   | 2.1 TIT                             | Y - ST - ZIP                 |  | ·   |                                     | Change   | Addition                   |
| NAME  |  | <u> </u>   | ] perfit   | 2.2 NA                              |                              |  |   |                                     | onunge   | L. Radillon                |
| STREET ADDRESS  |  |  |  | ,                                   | ne.<br>Reet address          |  |   |                                     |  | ļ                          |
| CITY-ST-ZIP   |  |  |  |                                     | IY-ST-ZIP                    | 1  |   | ;                                   |  |                            |
| TITLE   |  |  | DELETE   | 31 TIT                              |                              | <del></del>                                      |   |                                     | Change   | Addition                   |
| NAME  |  |  |  | 3.2 NA                              |                              |  |   |                                     |  | _                          |
| STREET ADDRESS  |  |  |  |                                     | EET ADDRESS                  | s  |   |                                     |  |                            |
| CITY-ST-ZIP   |  |  |  |                                     | Y-ST-ZIP                     | 1  |   |                                     |  | }                          |
| TITLE   |  |  | DELETE   | 4.1 TiT                             |                              | <del>                                     </del> |   |                                     | Спапде   | Addition                   |
| NAME  |  |  |  | 4. 2 NA                             | ME                           |  |   |                                     |  | j                          |
| STREET ADDRESS  |  |  |  | 4.3 STF                             | EET ADDRESS                  | S  |   |                                     |  |                            |
| CITY-ST-ZIP   |  |  |  | 4.4 CfT                             | Y-S1-ZIP                     | J.,  |   |                                     |  |                            |
| TITLE   |  |  | DELETE   | 5.1 TIT                             | LE                           |  |   |                                     | Change   | Addition                   |
| NAME  |  |  |  | 5.2 NAI                             | NE                           |  |   |                                     |  | i                          |
| STREET ADDRESS  |  |  |  | 5.3 STF                             | REET ADDRESS                 | s  |   |                                     |  |                            |
| CITY-ST-ZIP   |  |  | 1 55 225   |                                     | Y - ST - ZIP                 |  |   |                                     | <del></del>                                      |                            |
| fithe   |  | L  | ] DELETE   | 6.1 TiT                             |                              |  |   |                                     | Change   | L Addition                 |
| NAME  |  |  |  | 6.2 NA                              | <b>A</b> E                   |  |   |                                     |  |                            |
| STREET ADDRESS  |  |  |  | 63518                               | EET ADDRESS                  | 6  |   |                                     |  |                            |
| City-St-ZiP   |  |  |  | 64 CiT                              | Y-ST-ZIP                     | 1  |   |                                     |  |                            |

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 in 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 in an attachment with an oddress.

SIGNATURE:

PAROLS Beital