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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L17591

1. Corporation Name

Principal Place of Business

GIF, INC.

3903 NORTHDALE BOULEVARD 140E TAMPA FL 33624 US		3903 NORTHDALE BOULEVARD 140E Tampa Fl 33624 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/21/1989						
2. Principal Place of Business		2a. Mailing Address				4. FEI Number				+ -:-	ied For
21		26				59-2969231 Not Appli					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required					
22		27									
City & State	e	City & State				6. Election Campa	-		•	.00 M	- 1
23			Counti			Trust Fund Con					rees
Zip	Country	Zip	30	ıy		8. This corporation Personal Prope			ngible □ Ye:	s 15	No
24	25 9. Name and Address of Current		50		_	10. Name and Add					
	9. Name and Address of Current	Registered Agent	8	1 1	 Name	ty. Hame and rea		<u> </u>			
BRYN	N, MARK J		L								_
	BISCAYNE TOWER, SUITE 3599			2 8	Street Address (P.O. Box Number is Not Acceptable)						
	SCAYNE BOULEVARD		8	3	_	<u> </u>					_
	/II FL 33131		ا ا						, ,		
***************************************			8	14	City			FL	85	Zip Co	de
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Florida. Such change was au	tnorizea b	วงเกล	e corporatio	on's board of directors.	i hereby acce	pt the appoint	ment	as regi	tered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Ag	gent si	gnature required	d when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS ANI		Registered Ag	gent si	gnature required	d when reinstating) ADDITIONS/CH/	ANGES TO OF				
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6.4 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. SIGNATURE:

3903 NORTHDALE BOULEVARD, SUITE 140E

TAMPA FL 33624

STREET ADDRESS

CITY-ST-ZIP

April 19, 1999

(305) 371-3600