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PROFIT ` **CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State: DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name

L58155

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

04-08-1999 90086 046 ***150.00

G	DR ENT	ERPRISES, I	NC.										
Principal Pla	ace of Busines	is .	Maili	ng Address									
2	22 St.	. James Parl	k	222 St.	. Jar	nes	Par	rk					
					Osprey, FL 34229				DO NOT WIDTE IN THE CRACE				
						-		-	DO NOT WRITE IN THIS SPACE				_
									3. Date Incorporated or Qualifed 03/19/1990				
2. Principal	Place of Busin	ness	2a. N	lailing Address					4. FEI Number		Α	pplied For	
21			26						36-286 <u>0158</u>		١	lot Applicable	
Suite, Apt. #, etc.			\vdash	Suite, Apt. #, etc.					5. Certifcate of Status Desired]	•	Additional Required	
	City & State			City & State					6. Election Campaign Financing	_	\$5.00	May Be	7
23			28	⊢ '				Ī	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				-
Zip:		Country		ip	Coı	untry			This corporation owes the current	vear Inta	ngible _		7
24		25	29		30	-			Personal Property Tax.	,	Yes	□No	
	9. Name	and Address of Current	Register	ed Agent	1-				10. Name and Address of New Regi	stered A	Agent		
						81	Name						1
Ri	ice. G	eorge D				-			(D.O. B. N. J i- NA A-bla)				4
		James Park				82	Street A	Address	s (P.O. Box Number is Not Acceptable))			
		FL 34229				83							┪
0.	obrel'	FU 34223].
						84	City			FL	85 Zip	Code	Ì
office or	registered ag	sions of Sections 607.0502 lent, or both, in the State of ith, and accept the obligation	f Florida.	Such change was a	authorize	d by t	the corpora	corpora ration's	tion submits this statement for the purps board of directors. I hereby accept the	pose of c e appoin	hanging it tment as r	s registered egistered	
0101147117	-								•				
SIGNATURE	Stanature, typed	or printed name of registered agent	and title if ap	plicable. INOTI	E: Registered	d Agem		quired wh	nen reinstating)	DATE			
SIGNATURE	Signature, typed	or printed name of registered agent			E: Registered			quired wh	nen reinstating) ADDITIONS/CHANGES TO OFFICE		D DIRECT	ORS IN 12	(86)
	Signature, typed				_ <u>-</u> -			quired wh			D DIRECT		(11/98)
12.	Signature, typed	OFFICERS AND		ORS	13.	ITLE		quired wh					~
12. TITLE NAME STREET ADDRESS	DPT Rice,	OFFICERS AND		ORS	13. 1.1 To 1.2 N	ITLE IAME	t signature req	quired wh					
12. TITLE NAME STREET ADDRESS	DPT Rice,	OFFICERS AND		ORS	13. 1.1 Ti 1.2 Ni 1.3 Si	ITLE IAME	t signature req	quired wh					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Rice, 22 St. J	OFFICERS AND		ORS	13. 1.1 Ti 1.2 Ni 1.3 Si	ITLE IAME TREET	t signature req	quired wh				☐ Addition	R2F034
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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: 1