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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90169 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L60719**

1. Corporation Name
GJPS LUKAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 100 LAKE MILLS ISLAND POINT CHULUOTA FL 32766 US
 Mailing Address: 100 LAKE MILLS ISLAND POINT CHULUOTA FL 32766 US

3. Date Incorporated or Qualified: **03/28/1990**
 4. FEI Number: **59-3009059**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
LUKAS, JONATHON S.
100 LAKE MILLS ISLAND POINT
CHULUOTA FL 32766

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUKAS, GERTRUDE G.	
STREET ADDRESS	2411 CHURCH ST	
CITY-ST-ZIP	OVIEDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUKAS, JONATHAN S	
STREET ADDRESS	100 LAKE MILLS ISLAND, POINT	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUKAS, PAUL M	
STREET ADDRESS	4137 PLY SORR RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUKAS, PHILIP N	
STREET ADDRESS	8435 REDBUG RD	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUKAS, STANLEY T	
STREET ADDRESS	2267 CHAPMAN RD	
CITY-ST-ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ DATE: **2-10-99**

CRZE034 (11/98)