FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90272 013 ***150.00

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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L62737

1. Corporation Name

C. G. C. SERVICES INC.

Principal Place	e of Business	Mailing Address						(1111 1991 91911 8	1841 MIAN BIRK	EISII BIĞII IMBİ
290 NW 161 ST	TREET	290 NW 161 STREET	,			· ·				
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US		US	ì			a Date Incom	orated or Qualifer		SPACE	
						03/28/19		•		ļ
a Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numbe			IA	pplied For
	ace of Busilless	26				65-0186			- 	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			·-					Additional
22	<i>π</i> , α.σ.	27				5. Certifcate o	f Status Desired		• -	equired
City & State	е	City & State				e Election Ca	mpaign Financing		\$5.00	May Be
23		28				1 *-	Contribution		•	to Fees
Zip	Country	Zip	Cour	itry		a. This corpor	ation owes the cu	rrent year Int	angible	
24	25	29	30			Personal Pr		•	∐Yes	Mo No
	9. Name and Address of Curr		'			10. Name and	Address of New	Registered	Agent	
X - 100				81 Na	me					
	ACI, F. ANTHONY		ا اختسان ت	82 St	reet Addre	ess (P.O: Box Nun	her is Not Accen	table)		
290	NW 161 STREET			52 31	eet Addie	555 (F.O. DOX 14011	ibel is Not Accep	table)		
MAN	M FL 33169		`†	83	_					
1									Ta=1 7:-	
			Ì	84 Ci	ty			FL	85 Zip	Code
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	uthorized	by the	med corporation	oration submits thin's board of direct	s statement for th ors. I hereby acc	ept the appoi	changing its ntment as re	s registered egistered
Olor City	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered /	lgent sign	sture required	when reinstating)		DATE		
12.	OFFICERS:									
TTT: C		AND DIRECTORS	13.			ADDITIONS/	CHANGES TO O	FFICERS AN		
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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 supplementary annual peport 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 officer or director of the corporation Block 12 or Block 13 if changed

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP