Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90074 038 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

GSD INV	ESIMENIS, INC.					
Principal Place	of Business	Mailing Address	<u>-</u>			
C/O GREGORY DEJOHN 4675 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312-5754 C/O GREGORY DEJOHN 4675 RAVENSWOOD ROAD FT. LAUDERDALE FL 33312-575			AD			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/28/1985
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2546770 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	-			5. Certificate of Status Desired See Required
City & State	•	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 29	Co.	intry		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current			T		10. Name and Address of New Registered Agent
DEJOHN, GREGORY 4675 RAVENSWOOD ROAD FT. LAUDERDALE FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoringent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the obligations of the section for the sect			ntutes, the a	82 83 84 above d by	City	Idress (P.O. Box Number is Not Acceptable) FL 85 Zip Code proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE 9. C.17					9.6.19	
12.	gnature, typed or primed name of registered agent and title if applicable. (NOTE: Registered if NOTE: Regi			u Ager	it signatore redu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS AIVE	DELETE	1.1.1	ΜF		Change Addition
NAME STREET ADDRESS	DEJOHN, GREGORY 4675 RAVENSWOOD RD.		1.2 N	AME	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		140	πy-s	7-ZIP	
TITLE	D	☐ DELETE	2.1 T			Change Addition
NAME	DEJOHN, SAM		2.2 N	AME		
STREET ADDRESS	4675 RAVENSWOOD RD.		2.3 5	TREE	T ADDRESS.	
CITY-ST-ZIP			CITY-S	ST-ZIP		
TITLE		☐ DELETE	3.1 T	ΠLE		☐ Change ☐ Addition
NAME			3.2 N	AME	Ì	
STREET ADDRESS			3.3 \$	TREE	T ADDRESS	•
CITY-ST-ZIP	<u>_</u>		3.4.0	<u> </u>	ST-ZIP	
TITLE		☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME			4.21	MAME		

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 chapter 607, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

☐ Change

☐ Addition

☐ Addition