

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthan**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005263 (6)**

1. Corporation Name

**G. A. P. P. INC.**



Principal Place of Business

Mailing Address

**735 - 743 OPA LOCKA BLVD.  
MIAMI FL 33168**

**735 - 743 OPA LOCKA BLVD.  
MIAMI FL 33168**

3. Date Incorporated or Qualified

**10/10/1996**

4. FEI Number **65-0721493**

Applied For

**APPLIED FOR**

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCEWAN, FELIX F  
735 - 743 OPA LOCKA BLVD.  
MIAMI FL 33168**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **MCGWAN, FELIX**  
STREET ADDRESS **10945 S.W. 152 TERR**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JONES, ANGELA**  
STREET ADDRESS **5814 JEFFERSON ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **GRIGNON, PAMELA**  
STREET ADDRESS **1805 S.W. 122 ST.**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JOSEPH, SELWYN**  
STREET ADDRESS **1517 N.E. 8 AVE.**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **MUIRHEAD, BEVERLEY**  
STREET ADDRESS **3810 N.W. 185 TERR**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ROSE, MARTELL**  
STREET ADDRESS **5440 WASHINGTON ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]* **BEVERLEY MUIRHEAD** **11-1-98** **(305)** **(305-2441)**

CR2E037 (10/97)