

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93593 028 \*\*\*150.00

DOCUMENT # *P000000 88287*

Corporation Name

*Ground Control, Inc.*

Principal Place of Business

Mailing Address

*341 Harbor Dr.  
Pompano Beach, FL  
33062*

*Same*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

Applied For

Not Applicable

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

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip Country

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*James F. Mullin  
2080 NW 2nd Ave #6  
Boca Raton FL  
33431*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| NAME                     | STREET ADDRESS       | CITY-STATE-ZIP                | DELET                    |
|--------------------------|----------------------|-------------------------------|--------------------------|
| <i>P John Tomassetti</i> | <i>341 Harbor Dr</i> | <i>Pompano Beach FL 33062</i> | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |
|                          |                      |                               | <input type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|--------------------|--------------------------|--------------------------|
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                    | <input type="checkbox"/> | <input type="checkbox"/> |

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 its member 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John F. Tomassetti* 05/18/02 954-461-5646

Date

Daytime Phone #

CR2E034 (11/98)