

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25292 (4)

1. Corporation Name
G.A.R. INTERNATIONAL CORPORATION

Principal Place of Business 3315 COMMERCE PARKWAY MIRAMAR FL 33025 US	Mailing Address 3315 COMMERCE PARKWAY MIRAMAR FL 33025 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1989

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI Number

22-1964623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

CD
NAME
GALLINARO, NICHOLAS F.
STREET ADDRESS
31 ESSHIRE DR.
CITY-ST-ZIP
MIDDLETOWN NJ

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

TITLE

PD
NAME
MCKINNEY, GEORGE E.
STREET ADDRESS
178 MICHAEL DR.
CITY-ST-ZIP
RED BANK NJ

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE

VPD
NAME
GALLINARO, MICHAEL J.
STREET ADDRESS
6 RUNNING BROOK DRIVE
CITY-ST-ZIP
TINTON FALLS NJ

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE

TD
NAME
GALLINARO, STEPHEN P.
STREET ADDRESS
6 CONFIELD COURT
CITY-ST-ZIP
RED BANK NJ

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE

D
NAME
KANDRAVY, JOHN
STREET ADDRESS
58 MONTE VISTA
CITY-ST-ZIP
RIDGEWOOD NJ

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE

D
NAME
SEELEY, FREDERICK B.
STREET ADDRESS
35 KNOLL ROAD
CITY-ST-ZIP
TENAFLY NJ

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/98

954-764-9590

Date

Daytime Phone #

0139275

CR2EC34 (10/97)