

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90075 022 ***158.75

DOCUMENT # P92000011296

1. Corporation Name

GAP PROPERTIES, INC.

Principal Place of Business
10354 WELLEBY ISLES BLVD
SUNRISE FL 33351
US

Mailing Address
10354 WELLEBY ISLES BLVD
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1992

4. FEI Number

65-0375768

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORT, BRIAN E
1820 E HALLANDALE BCH BLVD
HALLANDALE FL 33009

81 Name
JACQUELINE I. KURLAND, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
9853 Pines Boulevard

83

84 City
Pembroke Pines FL 85 Zip Code
33024

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 *Jacqueline I. Kurland*

Jacqueline I. Kurland

4/19/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME STAUB, GLORIA
STREET ADDRESS 2580 NW 103RD AVE
CITY-ST-ZIP SUNRISE FL

1.1 TITLE P/S/T/D ☒ Change ☐ Addition
1.2 NAME GLORIA STAUB
1.3 STREET ADDRESS 2580 NW 103rd Avenue
1.4 CITY-ST-ZIP Sunrise, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GERALD A. STAUB
2.3 STREET ADDRESS 2580 N.W. 103rd Avenue
2.4 CITY-ST-ZIP Sunrise, FL 33

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Gerald A. Staub*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)