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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93 0000 137 66 1. Corporation Name

GAF & ASSOCIATES, INC

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90010 015 ***150.00

Principal Place of Business DO NOT WRITE IN THIS SPACE	2. Principal Pla 21 /007 Suite, Apt. # 22 City & State 23 W/NTC	ce of Business	Mailing Address			
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### Steps Address (F.O. Box Number) Not Acceptable) ### Steps Address (F.O. Box Number) Not Acceptable) ### City WINTEY Springs FL 85 Zip.Cods 8 ### City	Euge	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
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 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	Luge	OND FOLKOR		81 Name F	UCENIP FOLKER	ļ
Same		INC / CURE/		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	C-
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 board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature				Letter &	20 /00'/ KNO//WOOG	Y CI
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: