## 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** 

## DOCUMENT # P93000013983

GATO VERDE, INC.

Principal Place of Business	Mailing Address
131 PINTO LANE ORMOND BEACH FL 32174	 BOX 1994 ORMOND BH FL 32175

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90023 003 \*\*\*150.00



· morpari i	Soc of Business	Mailing Address			A SOURCE ME ISSUE SELLE SELLE SELLE		91 10100 (III 160)
131 PINTO LA		BOX 1994					
ORMOND BEA	OND BEACH FL 32174 ORMOND BH FL 32175				•		
		U\$			DO NOT WRITE IN THIS	SPACE	
					Date Incorporated or Qualifed		
2 Principal	Place of Business				02/05/1993		
	Frace or Business	2a. Mailing Address			4. FEI Number	A	Applied For
21 .		26	-,-		59-3169598	N	lot Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27		•	5. Certifcate of Status Desired		Required
City & Sta	al <del>e</del>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Int		
24	25	29	29 30		Personal Property Tax.		
<del></del>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	<del>-</del> 6
CDE	ENWOOD DODERT		8	1 Name			
	ENWOOD, ROBERT		8	2 Stroot A	Idean (D.O. Bey North - in North		
	PINTO LANE		١	2 Street At	dress (P.O. Box Number is Not Acceptable)		ļ
URN	MOND BEACH FL 32174		8	3		5 8	
			L				1377
			8	4 City	F1	85 Zip	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tos the obe	<u> </u>	rporation submits this statement for the purpose of		·
office or	registered agent, or both, in the State o	f Florida. Such change was a	authorized by	y the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoir	changing its	registered
=	,	ons of, Section 607.0505, Flo	orida Statute	S.	терения други	itinoni do it	gistered
SIGNATURE	Signature, typed or printed name of registered agent						ĺ
12.	OFFICERS AND			ent signature requ	ired when reinstating) DATE	n	
TITLE	D	DELETE	13.	—	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	DRS IN 12
NAME	GREENWOOD, ROBERT	☐ VELETE	1.1 TITLE	}	•	☐ Change	☐ Addition
-			1.2 NAME			4	
STREET ADDRESS			1.3 STREE	TADORESS	•	•	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-5	ST-ZIP	<u> </u>		ļ
TITLE		☐ DELETE	2.1 TITLE	}		Change	Addition
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STREET ADDRESS			2.3 STREE	TADORESS		•	1
CITY-ST-ZIP	<u>L.</u>	•	2. 4 CITY-	ſ			
me -		DELETE-	3.1 TITLE			E Change	
NAME			3.2 NAME	ļ		<u> ⊟</u> Спапуе -	[-] Addition
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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:

CR2E034 (11/98)