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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040231 1. Corporation Name GARY GIVEN CORP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90049 005 ***150.00

uani u	IVEN CORP.							
Principal Place	e of Business	Mailing Address			_			
4260 NE 22ND	AVENUE.	4260 NE 22ND AVENUE				1		
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 3306				64		00 NOT MIDITE IN T	UC 00405	
						DO NOT WRITE IN TH	IS SPACE	
	•	•				06/01/1993		
a Principal P	lace of Business	2a, Mailing Address	•			4. FEI Number	Anr	olied For_
<u> </u>	pair riace of Business 2a. Halling Addition					65-0416276		Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	
22 27						5. Certificate of Status Desired	Fee Re	I
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.		⊠ No
•	9. Name and Address of Cur	rent Registered Agent		-,		10. Name and Address of New Registere	ed Agent	
CIVE	N CARV			81 Na	me			
	N, GARY		İ	82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
4260 NE 22 AVENUE LIGHTHOUSE POINT FL 33064					_			
ЦСП	THOUSE POINT PE 33004			83				}
				84 Cit	<u>, </u>	• • • • • • • • • • • • • • • • • • • •	85 Zip C	code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				Ll				
office or r	egistered agent or both in the Sta	ate of Florida. Such change was a	authorized	by the c	ned corpo orporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	pointment as reg	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Fl	orida Statu	ıtes.	•			
SIGNATURE						when reinstating) DATE		
	Signature, typed or printed name of registered	AND DIRECTORS	E: Registered	Agent signs	trite Ledinisea	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	D .	AND DIRECTORS	13.					RSINI 12 I
NAME	GIVEN, GARY	☐ DELETE	1.1 717	LE .		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
	ADOD NE DO AVENUE					ADDITIONS/CHANGES TO OFFICERS		
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STREET ADDRESS	4260 NE 22 AVENUE	_	1.2 NA 1.3 STI	ME REET ADOR	ESS	ADDITIONS/CHANGES TO OFFICERS		
CITY-ST-ZIP	T	_	1.2 NA 1.3 STI	ME REET ADOR IY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICERS		
CITY-ST-ZIP TITLE	4260 NE 22 AVENUE	064	1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	ME REET ADOR IY-ST-ZIP LE	ESS	ADDITIONS/CHANGES TO OFFICERS	Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4260 NE 22 AVENUE LIGHTHOUSE POINT FL 330	DELETE	1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 2.4 CFI 3.1 TIT 3.2 NA 3.3 STI 3.4. CFI 4.1 TIT 4.2 NV 4.3 STI	ME REET ADOR (Y-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE TY-ST-ZIP LE AME REET ADDR REET ADDR	ESS	ADDITIONS/CHANGES TO OFFICENS	Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4260 NE 22 AVENUE LIGHTHOUSE POINT FL 330	DELETE	1.2 NA 1.3 STI 1.4 CFI 2.1 TIT 2.2 NA 2.3 STI 2.4 CFI 3.1 TIT 3.2 NA 3.3 STI 3.4. CFI 4.1 TIT 4.2 NV 4.3 STI 4.4 CFI	ME REET ADOR IY-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE AME REET ADDR TY-ST-ZIP REET ADOR TY-ST-ZIP LE REET ADOR TY-ST-ZIP LE REET ADOR	ESS	ADDITIONS/CHANGES TO OFFICENS	Change	Addition Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME	4260 NE 22 AVENUE LIGHTHOUSE POINT FL 330	DELETE	1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NV 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	ME REET ADOR IY-ST-ZIP LE ME REET ADDR IY-ST-ZIP LE ME REET ADDR IY-ST-ZIP LE AME REET ADDR IY-ST-ZIP LE ME REET ADDR IY-ST-ZIP LE ME	ESS ESS	ADDITIONS/CHANGES TO OFFICENS	Change Change Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	4260 NE 22 AVENUE LIGHTHOUSE POINT FL 330	DELETE	1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.4 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 STI 5.4 CI 6.1 TIT	ME REET ADOR (Y-ST-ZIP LE ME REET ADDR TY-ST-ZIP LE AME REET ADDR TY-ST-ZIP LE ME REET ADDR	ESS ESS	ADDITIONS/CHANGES TO OFFICENS	Change	Addition Addition Addition
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14. I hereby certify that the information schelled 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 of the preciver of 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, by on any attachment with an address, with all other like empowered.

SIGNATURE:

MINIGATURE REQUIRED

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CRZE034 (11/98)