## 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

# Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90097 023 \*\*\*150.00

# DOCUMENT # P93000041180

GULFCOAST INTERNATIONAL IONICS, INC.

Principal Place of Business Mailing Address							1	T (ENISEN) 310 INCEN IRSU MAIUS NACH AND IN	ilit Bennt Jindi il	001 10311 TOIS 1001
217 CENTRAL A ST. PETERSBUR			217 CENTRAL AVENUE ST. PETERSBURG FL 33701				DO NOT WRITE IN T	HIS SPACE		
							3 0	Pate Incorporated or Qualifed		1
							1	6/04/1993		1
2. Principal Pl	lace of Business	2a. Mai	iting Address					El Number		Applied For
21		26					5	9-3193178		Not Applicable
Suite, Apt. a	#, etc.		ite, Apt. #, etc.					_	\$8.75	Additional
22		27					5. 0	Certificate of Status Desired	Fee	Required
City & State	e	City	y & State			_	6. E	lection Campaign Financing		<b>0</b> May Be
23		28					T	rust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	r	Countr	ry		1 '	his corporation owes the current year		
24	25	29		30			٠	ersonal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registere	d Agent		11 1	Name	10. N	lame and Address of New Register	ea Agent	
POI I	Y EMMANUEL I			*	''  '	14aiii6				
ROUX, EMMANUEL J. 217 CENTRAL AVE.				8	82 Street Address (P.O. Box Number is Not Acceptable)					
	PETERSBURG FL 33701				13				•	
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44 Discount	to the provinces of Continue 607.05	E02 and 607 1	509 Florida Statute	e the abo	NO-0	named corner	ration s	submits this statement for the purpose	of changing	its registered
office or re	egistered agent, or both, in the Stat	te of Florida. S	Such change was au	ithorized b	by the	e corporation	n's boar	rd of directors. I hereby accept the ap	pointment as	registered
agent. I ar	m familiar with, and accept the oblig	gations of, Sec	ction 607.0505, Flori	ida Statute	es.					
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if appli	licable. (NOTE:	Registered Ag	gent si	ignature required v	when rein:	stating) DATE		
	· ··	<b>3</b>								
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not ghalify 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR