-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047329 (6)

GALLANT REPORTING, INC.

APPROVED AND FILED

98 JUN -5 PM 4:21

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address				1 (001:100: 110 1010: 111: 101: 101: 10		
1 '		**	· ·			
36320 BRENDENSHIRE COURT GRAND ISLAND FL 32735			P O BOX 35022 Grand Island FL 32735		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	IO OF ACE
					07/01/1993	
h	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			<u>59-3185986</u>	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ	Country	Ζφ	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Properly Tax due June 30.	Yes No
7	9. Name and Address of Curre	nt Hogistered Agent		None	10. Name and Address of New Registers	A Agent
WILLIAMS, TINA GALLANT						
36320 BRENDENSHIRE COURT B2 Street Add				iress (P.O. Box Number is Not Acceptable)		
J GR	AND ISLAND FL 32735			ļ <u>.</u>	8 0000255;	5056
			83			-01063007
			84	City	******8. 2	**************************************
				l		L 113
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the obtine.	e of Horida. Such change was	authorized by	the cornora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered ippointment as registered
SIGNATURE	Signature: typed or prepod trans of registered as	negranal the diagonic object. (NO)	U - Bouistered Ann	ent sinnat-we recou	sited when reinstating) DATE	
12.		ND DIRECTORS	13.	in bigitative recept	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	<u> </u>	DELETE	1.1 TITLE		Nootherd Andre To divide to	Change Addition
NAME	WILLIAMS, GALLANT TINA	_	1.2 NAME			
STREET ADDRESS	36320 BRENDENSHIRE COL	IRT	1.3 STREET	ADDRESS	600002552 -06/09/98-	<u> </u>
CITY-\$1-ZIP	GRAND ISLAND FL	•••	1.4 CITY - S	Į.	-U5/U3/35	
TITLE :		DELLTE	2.1 THLE	1-24	****150.00)
NAME		23	2.2 NAME			
STREET ADDRESS			23 STREET	ANDDECC		
CITY-ST-ZIP			2 4 GITY-1	1	*	
TITLE		DELETE	3 1 TillE	71-11		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDDESC		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 5 4.1 TITLE	11 - 510		Change Addition
NAME		L_ v.c. /L	4.1 HILE 4.2 NAME	}		E comingo El vandible
			1	*DDDCGG	m. 16	
STREET ADDRESS			4.3 STREET	-	11/10/10	i
CITY-ST-ZIP		DELETE	4.4 CITY - S	1-1/11	_ 	Change Addition
TITLE		L DITEIL	5.1 TULE		1	LI Change LI Addition
NAME			5.2 NAME	4000000	·	
STREET ADDRESS			53 STREET			
CITY-ST-ZIP		D COLLEGE	54 CITY-S	1 - 7IP		Ohanna Addis
TIFLE		☐ DELETE	6.1 TITLE	}		☐ Change ☐ Addition
NAME			6.2 NAM(
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	1 - ZIP		

14. Thereby 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 accorate 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.

ONATURE & CIND AD HOUT WILLIAM

Molado

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