		FILING FEE	AFTER MAY 18	ST IS \$5!	50.00		LED	
PROFIT CORPORATION				DEPARTMENT		Apr 08 1998 8:00am		
ANNUAL REPORT		Se Se	ecretary of Stat	9	Secretary of State			
1998 DIVISION OF CORPORATIONS							uy or S	latt
	JMENT ion Name GAR, INC.	# P9400	0016747	(5)				
Principal Place of Business 9127 KILGORE RD. ORLANDO FL 32836		Mailing Address 9127 KILGORE RD. ORLANDO FL 32836						
US			US			3. Date Incorporated or Qualified	IN THIS SPACE	
6 Dringing	Place of Busin		2a. Mailing Address			03/03/1994	······	
z. Principal 1	FIACE OF BUSIN	055	28. Maining Address	5		59-3227204		oplied For ot Applicable
_ Suite, Ap	ot. #, etc.		Suite, Apt #, et	с.		5. Certificate of Status Desired	□ \$8.75 / Eee Be	Additional equired
2 City & St 3	ate		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00	· · · · · · · · · · · · · · · · · · ·
Zip 4		Country 25 and Address of Curre	Zip 29	30	ntry	8. This corporation owes or has pa Personal Property Tax due June 10. Name and Address of New Re	30. 🗌 Yes [iangible No
	SHAH, VARSH				81 Name	IV. Hame and Address of Herr He	giereree regent	
	9127 KILGOR				82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
, i	orlando fl	32836			83			
					84 City		85 Zip	Code
11. Pursuar	nt to the provisi	ons of Sections 607.05	02 and 607.1508, Florida	Statutes, the a	pove-named cor	poration submits this statement for the p	FL	ts registered
office o agent. I SIGNATURI		ent, or both, in the Stat h, and accept the obli	e of Florida. Such change gations of, Section 607.05	was authorize	d by the corpora	tion's board of directors. I hereby acces	nt the annointment as	registered
0.0.1.1.0.1.	-		5	05, Florida Sta	ules.	poration submits this statement for the p tion's board of directors. I hereby accept		0
12		or protect name of registerest a	gent and title if applicable	(NOTE: Registere	UIOS. d Agent signature requ	ired when reinslating)	DATE	
12. TITLE	Signature, typed	OFFICERS AI		(NOTE: Registere	d Agent signature requ		DATE	
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	Signature, typed DPST SHAH, 1 9127 KI	OFFICERS AI VARSHA LGORE RD.	gent and title if applicable ND DIRECTORS	(NOTE Registere 13. 16 1.1 14 1.2 N 1.3 S 1.4 C	d Agent signature requ ILE IME REET ADDAESS TY-ST-ZIP	ired when reinslating)	DATE	
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