

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90185 020 \*\*\*150.00

DOCUMENT # P94000018173

1. Corporation Name

GIA GLOBAL INVESTING CORPORATION

Principal Place of Business

201 N. CLYDE MORRIS BLVD.  
STE. 100  
DAYTONA BEACH FL 32114  
US

Mailing Address

201 N. CLYDE MORRIS BLVD.  
STE. 100  
DAYTONA BEACH FL 32114  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GOLDBERG, PAUL B  
201 N. CLYDE MORRIS BLVD.  
STE. 100  
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

03/01/1994

4. FEI Number

59-3233382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GOLDBERG, PAUL B MD  
STREET ADDRESS 201 N. CLYDE MORRIS BLVD. #100  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE  
NAME STELLA, GREGORY J MD  
STREET ADDRESS 201 N. CLYDE MORRIS BLVD. #100  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE  
NAME AGNONE, LOUIS M MD  
STREET ADDRESS 201 N. CLYDE MORRIS BLVD.  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE  
NAME MOULIS, HARRY MD  
STREET ADDRESS 201 N. CLYDE MORRIS BLVD. #100  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

904 257 9400

Daytime Phone #

CR2E034 (11/98)

0022500