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

06-01-1999 90026 019 ***150.00

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Mailing Address 3300 UNIVERSITY DR #527

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000030258

Principal Place of Business

3300 UNIVERSITY DR #527

G & S FINANCIAL, INC.

| CORAL SPGS FL 33065 US | | CORAL SPGS FL 33065 US | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|---------------------------|--|---------------------------------|---------------|---|--|--|----------------------------------|---------------|---------|------------|------------|--|
| 05 | | υδ | | | | 3. | 3. Date incorporated or Qualifed | | | | | |
| | | | | | | | 04/19/1994 | | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | FEI Number | | | App | lied For | | |
| 21 | • • , | 26 | | | | 65-0510461 | | | Not | Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | Certifcate of Status Desired | | | | dditional | | |
| 22 | | 27 | | | J. | Certificate of Cictos Desired | | Fe | ee Req | uired | | |
| City & State | • | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | | | | | |
| 23 | | 28 | | | | Trust Fund Contribution | | | ided to | Fees | | |
| Zip | Country | | | | 6. 1 | | | | | | ¬ | |
| 24 | 25 29 30 | | | Personal Property Tax. Yes No 10. Name and Address of New Registered Agent | | | | | | | | |
| | 9. Name and Address of Curren | it Registered Agent | | 81 | Name | 10. | Name and Address of New | Registered / | -yent | | | |
| VICK | , GREG | | | 81 | Name | | | | | | | |
| | UNIVERSITY DR #527 | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | | | | | | |
| | AL SPRGS FL 33065 | | | 83 | | | | | | | | |
| 0011 | AE OFFICO FE SOUGO | | | 63 | | | | | | | | |
| | | | | 84 | City | | | EI | 85 | Zip C | ode | |
| | 10 10 007 050 | 00 CO7 4500 F(| 4 4646 | | | | aubmits this statement for the | F L | changi | no ite r | registered | |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State | of Florida. Such change was a | authorized | by 1 | the corpora | ation's bo | ard of directors. I hereby acce | pt the appoir | ntment | as reg | istered | |
| agent. I ar | n familiar with, and accept the obliga | tions of, Section 607.0505, Fk | orida Statı | ıtes. | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | at and title if applicable (NOT | E: Bazistarad | Agen | it signature requ | unred when re | pinetating) | DATE | | | — \ | |
| 12. | | ND DIRECTORS | 13. | rigan | t agriculto raqu | | ADDITIONS/CHANGES TO O | FFICERS AN | D DIRI | ECTOF | RS IN 12 | |
| TITLE | D | ☐ DELETE | 1,1 TIT | LE. | | | | | ☐ Ch | | ☐ Addition | |
| NAME | VICK, GREG | | 1.2 NA | ME | | | | | | | | |
| STREET ADDRESS | 3300 UNIVERSITY DR #527 | | 1.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | CORAL SPRGS FL | | 1.4 CII | ry-\$1 | r-zip | | | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TIT | LE | | | | | Ch | ange | ☐ Addition | |
| NAME | VICK, SUSAN | | 2.2 NA | ME | | | | | | | | |
| STREET ADDRESS | 3300 UNIVERSITY DR #527 | | 2 3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | CORAL SPRGS FL | | 2. 4 Cf | TY-S | T-ZIP | | ÷- | | | | | |
| TITLE | | ☐ DELETE | 3.1 TIT | ΊE | | | | | ☐ Ch | ange | Addition | |
| NAME | | | 3 2 NA | ME | | | | | | | | |
| STREET ADDRESS | | | 3.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3 4. CI | TY-S | T-ZIP | | | | | | | |
| TMLE | | ☐ DELETE | 4.1 TIT | LΕ | | | | | Ch. | ange | ☐ Addition | |
| NAME | | | 4. 2 N | 4ME | | | | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 4 4 C | ry-st | i-ZIP | | | | | | F-70 1 | |
| TITLE | | ☐ DELETE | 5.1 TIT | 1E | | | | | ☐ Ch | ange | Addition | |
| NAME | | | 5.2 NA | | | | | | | | į | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | | -ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TIT | | | | | | Chi | ange | ☐ Addition | |
| NAME | | | 6.2 NA | ME | | | | | | | | |

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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.