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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030507

THE GINGERBREAD MAN III, INC.		SECRE LARY OF STATE TALL AHASSEE, FLORIDA		
Principal Place of Business	Mailing Address		1 (00)(00) III 10(II 010(I 00(I) 00(II 00)(I	ISIAO MANA MINI ABIN' IBAN
100 S.E. 2ND ST STE 2800	100 S.E. 2ND ST STE 2800			
MIAMI FL 33131	MIAMI FL 33131		DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualifed	
			04/21/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Sulta Ant # ata	Suite, Apt. #, etc.		65-0524590	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	27		5. Certificate of Status Desired [.]	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		1 rust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29 3	30	Personal Property Tax.	∐ Yes
9. Name and Address of Current			10. Name and Address of New Register	red Agent
		81 Name		
KTG&S REGISTERED AGENT CORPO	RATION	82 Street Add	fress (P.O. Box Number is Not Acceptable)	
100 S.E. 2ND STREET			, , , , , , , , , , , , , , , , , , , ,	
STE 2800		[83]		
MIAMI FL 33131		84 City	4.4	85 Zip Code
		64) City	F	EL 63 25 Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation	Florida Such change was aut	horized by the corporati	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Signature, typod or printed name of registered agent		de Statutes.		
SIGNATURE Signature, typod or printed name of registered agent 12. OFFICERS AND	and title if applicable (NOTE R			AND DIRECTORS IN 12
Signature, typed or printed name of registered agent	and title if applicable (NOTE R	legistored Agent signal ire require	od when reinstaling) DATE	
Signature, typod or printed name of registered agent 12. OFFICERS AND TITLE DPST NAME GORMAN, EARL	and title if applicable (NOTE R	tegistered Agent signature require	od when reinstaling) DATE	AND DIRECTORS IN 12
Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE DPST	and title if applicable (NOTE R	tegistored Agont signal ire require 13. 1.1 TitleF	od when reinstaling) DATE	AND DIRECTORS IN 12
Signature, typod or printed name of registered agent 12. OFFICERS AND TITLE DPST NAME GORMAN, EARL	and title if applicable (NOTE R) DIRECTORS TOBLETE	tegistored Agont signal ine response 13. 1.1 TitleF 1.2 NAME	od when reinstaling) DATE	AND DIRECTORS IN 12
Signature, typod or printed name of registered agent 12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS 446 SPADINA ROAD, #207	and title if applicable (NOTE R	Tagestored Agent signative required 13. 1.1 Title 12 NAME 1.3 STREET ADORESS	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 [Change [] Addition
12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TORONTO, ONTARIO MSP 3M2	and title if applicable (NOTE R) DIRECTORS TOBLETE	13. 1.1 Till F 12 NAME 1.3 STREET ADORESS 14 CITY-S1-740	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 [Change [] Addition
Signature, typod or printed name of registered agent 12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE Signature, typod or printed name of registered agent GORMAN, EARL 448 SPADINA ROAD, #207 TORONTO, ONTARIO MSP 3M2	and title if applicable (NOTE R) DIRECTORS TOBLETE	18. 1.1 Till F 12 NAME 1.3 STREET ADORESS 14 CITY-S1-76* 21 TILL F	DATE ADDITIONS/CHANGES TO OFFICERS SOCIOD275 -01/29/99-	AND DIRECTORS IN 12 [Change [Addition] [IChange [Addition] 328—6 -01091—014
Signature, typod or printed name of registered agent 12. OFFICERS AND 17/1LE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME	and the if applicable (NOTE R) DIRECTORS TOELETE [] DELETE	13. 1.1 Till F 12 NAME 1.3 STREET ADORESS 14 CITY S1-76* 21 Titl E 22 NAME	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	Change Addition Addition
Signature, typod or printed name of registered agent 12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	and title if applicable (NOTE R) DIRECTORS TOBLETE	13. 1.1 THE 12 NAME 1.3 STREET ADORESS 1.4 CITY-S1-70* 2.1 THE 2.2 NAME 2.3 STREET ADORESS	DATE ADDITIONS/CHANGES TO OFFICERS SOCIOD275 -01/29/99-	AND DIRECTORS IN 12 [Change [Addition] [IChange [Addition] 328—6 -01091—014
Signature, typod or printed name of registered agent 12. OFFICERS AND 17. DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP \$\text{\$\text{NAME}\$}\$	and the if applicable (NOTE R) DIRECTORS TOELETE [] DELETE	13. 1.1 Tifle 12 NAME 1.3 STREET ADORESS 14 CHY-S1-76* 21 Tifle 22 NAME 23 STREET ADORESS 2 4 CHY-S1-ZIP	DATE ADDITIONS/CHANGES TO OFFICERS SOCIOD275 -01/29/99-	Change Addition Addition
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Signature, typod or printed name of registered agent 12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	and the if applicable (NOTE IR) DIRECTORS [] DELETE [] DELETE [] DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADORESS 14 CITY-S1-70* 21 TITLE 22 NAME 23 STREET ADORESS 2 4 CITY-S1-ZIP 31 TITLE 32 NAME 33 STREET ADORESS 34 CITY-S1-ZIP 41 TITLE 4.2 NAME 43 STREET ADORESS 44 CITY-S1-ZIP 41 TITLE 4.2 NAME 43 STREET ADORESS 44 CITY-S1-ZIP	DATE ADDITIONS/CHANGES TO OFFICERS SOCIOD275 -01/29/99-	AND DIRECTORS IN 12 [Change [Addition] 1328-6 01091-014 0 ***150.00 [Change [Addition]
Signature. typod or printed name of registered agent 12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	and the If applicable (NOTE IR) DIRECTORS TOELETE () DELETE	13. 1.1 Till F 12 NAME 1.3 STREET ADORESS 14 CITY-S1-76* 21 TITLE 22 NAME 23 STREET ADORESS 2 4 CITY-S1-ZIP 31 TITLE 32 NAME 33 STREET ADORESS 34 CITY-S1-ZIP 41 TITLE 4.2 NAME 43 STREET ADORESS 44 CITY-S1-ZIP 51 TITLE 51 TITLE	DATE ADDITIONS/CHANGES TO OFFICERS SOCIOD275 -01/29/99-	Change Addition
Signature. typoid or printed name of registered agent 12. OFFICERS AND TITLE DPST GORMAN, EARL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the if applicable (NOTE IR) DIRECTORS [] DELETE [] DELETE [] DELETE	13. 1.1 Till F 12 NAME 1.3 STREET ADORESS 14 CHY-S1-76* 21 TITLE 22 NAME 23 STREET ADORESS 2 4 CHY-S1-ZIP 31 TITLE 32 NAME 33 STREET ADORESS 34 CHY-S1-ZIP 41 TITLE 4.2 NAME 43 STREET ADORESS 44 CHY-S1-ZIP 51 TITLE 52 NAME	DATE ADDITIONS/CHANGES TO OFFICERS SOCIOD275 -01/29/99-	AND DIRECTORS IN 12 [Change [Addition] 1328-6 01091-014 0 ***150.00 [Change [Addition]
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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 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.

63 STREE LADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Jan 16/99.