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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000050180 (6)

FILED Apr 15 1998 8:00am Secretary of State

GIRT-U	IM-UP INC.			 	OMBRA OCIDA MAGNA MORA CON 1801
Principal Place		Malling Address			
1815 W. 15TH STREET 1815 W. 15TH STREET				1	
SUITE #1 SUITE #1 PANAMA CITY FL 32401 PANAMA CITY FL 3240		DO NOT WRITE IN THIS SPACE			
Luisany (ii)		THINMS OFF TE 08401		3. Date Incorporated or Qualified	
				06/28/1994	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3258061	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	<del></del>	5. Certificate di Ciatos Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
<b>Z</b> ip	Country	Zip	Country	8. This corporation owes or has paid the o	_ ' _ '
24	25	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
	9. Name and Address of Curr	ent Negistered Agent	81 Name	10. Name and Address of New Registers	a Agent
	ATRHERSTONE, JACK		( ) Maine		
1815 W. 15TH STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	NTE 18		63	<u></u>	
PA	NAMA CITY FL 32401		63		
			84 City	F	85 Zip Code
44 Durament	to the presidence of Continue 607 Of	02 and 607 1500 Florida Clat.te	l l		
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
agent. fa	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE			Registered Agent signature requi	ired when reinstating) DATE	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	FEATHERSTONE, JACK	<del></del>	1.2 NAME		
STREET ADDRESS	1815 W. 15TH STREET SL	NTF 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.4 CITY-ST-ZIP		İ
TITLE	77.000.00.00	DELETE	2.1 TITLE		Change Addition
NAME		<del></del>	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
ULTE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP			4.4 City-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY ST. 7IP			6.4.CITV - 97 - 7IP		

14. 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 or an attachment with an address.

SIGNATURE:

Gack Featherstone, Pres. 4/8/98 850-785-1213