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

Mailing Address

**SUITE 342** 

2805 E. OAKLAND BLVD

FT. LAUDERDALE FL 33306

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2805 E. OAKLAND BLVD

FT. LAUDERDALE FL 33306

SUITE 342



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400052447

G & S ENTERPRISES INTERNATIONAL, INC.

3. Date Incorporated or Qualifed 07/15/1994 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number Not Applicable 26 65-0504521 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired  $\Box$ Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent POIRIER, GUY M Street Address (P.O. Box Number is Not Acceptable) 2805 E. OAKLAND BLVD 83 SUITE 342 FT. LAUDERDALE FL 33306 85 Zip Code 84 City 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 of fice 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 requi CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change DELETE 1.1 TITLE 27 47 54 TITLE DPST 1,2 NAME NAME POIRIER, GUY M 1.3 STREET ADDRESS STREET ADDRESS 2805 E. OAKLAND BLVD 1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33306 CITY-ST-7/P Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP ∴ Change DELETE 4.1 TITLE

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 of 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.

4.2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

64 CITY-ST-7IP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

□ DELETE

5AN/201/1999 954)390-470

Change

☐ Change

☐ Addition

☐ Addition

FILED

Feb 12, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

02-12-1999 90004 038 \*\*\*150.00