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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500008878 1. Corporation Name

GP REALTY INC.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90095 013 ***150.00



Principal Place of Business Mailing Address					t tháilight tiá ibiút aithi an i	ic #0161 00161 00161	***************************************	
1333 NORTH U.S. HWY. 17-92 1333 NORTH U.S. HWY. 17-92			-92					
LONGWOOD FL 32750 LONGWOOD FL 32750				, DO N		OT WRITE IN THIS SPACE		
							SPACE	
					3. Date Incorporated or Qualit	eu		
		l o- Mailine Address			01/20/1995 4. FEI Number		- An	plied For
2. Principal Place of Business 2a. Mailing Address							<u> </u>	t Applicable
21		26 Suite Apt # ste			59-3307126		\$8.75	
Suite, Apt. #, etc.		H ' ' '	Suite, Apt. #, etc.		5. Certificate of Status Desired	ı 🗇	Fee Re	
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City & State		28	¬ ·		Election Campaign Financi Trust Fund Contribution	"g 🛘	Added t	
Zip	Country	Zip	Coun	trv		current year in		
24 25		29	, ''		8. This corporation owes the current year Intangible Personal Property Tax.			
Z4	9. Name and Address of Curren		1301		10. Name and Address of Ne	w Registered	Agent	
			- ;	B1 Name				
GOULD, BRUCE			L.	TO DO				
1333 NORTH U.S. HWY. 17-92			['	Street Ac	Idress (P.O. Box Number is Not Acc	eptable)		
1	IGWOOD FL 32750			B3				
	,		L			1,1418	<u> </u>	
			1	B4 City		FI	" 85 Zip (Code
44 Diminont	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the ab	ove-named co	progration submits this statement for	the purpose o	f changing its	registered
office or r	registered agent or both in the State.	of Florida, Such change was a	utnonzea	DV ine comora	ation's board of directors. I hereby ac	cept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statui	es.				
SIGNATURE	Signature, typed or printed name of registered ager							\
		nt and title if poplicable (MOTE	· Penietered A	gent signature regi	ired when reinstating)	DATE		;
12				gent signature req	uired when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO		ND DIRECTO	DRS IN 12
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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 covert 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 truster ampowered 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 a didress, with all other like empowered.

SIGNATURE AND THESE OF PRINTED N