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 # 1. Corporation Name

P95000009510 (5)

GAHTAA, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					ARIUS INUDI BLIDI INDII ADVI IDNI		
5413 EAST LEITNER DRIVE CORAL SPRINGS FL 33087		5413 EAST LEITNER DRIVE CORAL SPRINGS FL 33067		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
- 6 - 15					02/03/1995 4. FÉI Number		
		2a, Mailing Address	ming Address			Applied For Not Applicable	
21 26		Suite, Apt. #, etc.	ite. Apt. #. etc.		NOT APPLICABLE	\$8.75 Additional	
22 27					5. Certificate of Status Desired	Fee Required	
		City & State	tate		6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees	
Zip	Country	Country Zip Co		У	This corporation owes or has paid the c		
24	25 29 30		[30]		Personal Property Tax due June 30. Ses No 10. Name and Address of New Registered Agent		
9, Name and Address of Current Registered Agent 8: 15: 17: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10							
MEYERS, HEIDI R ESQ. 5413 E. LEITNER DR.							
			82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
L	CORAL SPRINGS FL 33067		83		· · · · · · · · · · · · · · · · · · ·		
	•			ļ			
			84	City	F	Zip Code	
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 office 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 Storative trood or created name of posistered agent and tide if applicable (NOTE Registered Agent signature required when reinstalling) DATE							
40	Signature, typed or printed name of registered age OFFICERS ANI		13.	ent signature rec	Quired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	UD DIRECTORS IN 12	
12.	DPT	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFICENS AF	Change Addition	
NAME I			1.2 NAME				
STREET ADDRESS	TALA CAST LEITHER DONE			T ADDRESS			
CITY - ST - ZIP	ADDAL CODULOR EL AGRAD		1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE			Change Addition	
NAME	1 M. 100 A 1 M. 100 A		2.2 NAME				
STREET ADDRESS	5413 EAST LEITNER DRIVE		2.3 STREE	1 ADDRESS			
CITY-ST-ZIP			2.4 CITY	ST-ZIP			
TITLE	☐ DELFTE 3.11		3.1 THILE		•	Change Addition	
NAME	3.		3.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		Change Addition	
TITLE			4.1 TITLE			☐ Criange ☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS				I ADORESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 THILE	51-21r		Change Addition	
NAME	1		5.2 NAME		,	AT 1/2 .	
STREET ADDRESS			1	T ADDRESS	4	111/2/6 1	
CITY-ST-ZIP			5.4 CITY -		, t	11100	
TITLE			6.1 TITLE	-· - ·	5000024124	Change Addition	
NAME	_		6.2 NAME		50000241 7 -01/27/980101 6/	105	
STREET ADDRESS			6.3 STREE	T ADDRESS	***150.00 7 U	, 	
			6 4 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 eath; 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.