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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024748

 Corporation 	n Name							
G&GE	LOORING INC							
u u u,	LOCINITA INO.					T SERVERNI AND HOLDE BOOK GEVEL BOOK GOST HOURS	1 8 21 6 2 8 13 1 98 1	
ı.		1 () () () () () () () () () (
Principal Plan	and Division							
Principal Place		Mailing Address						
9286 S.W. 5TH STREET 9286 S.W. 5TH STREET								1 :
UNIT B	Et 92420	UNIT 8 BOCA RATON FL 33428				DO NOT WRITE IN THIS	SPACE	- ,
		US	- **			3. Date Incorporated or Qualifed		
						03/28/1995		
9 Principal D	lace of Business	2a, Mailing Address				4. FEI Number	TA	pplied For
— ·	lace of Busiliess	26				65-0566730		ot Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.						Additional
Suite, Apt. #, etc.		├		5. Certifcate of Status Desired		equired		
City & Stat	-	City & State				e Flection Compaign Financing	\$5.00	May Bo
— '	e				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip .	Country	Zip	Cor	untry	·	8. This corporation owes the current year Inte		
	·		30	,		Personal Property Tax.	Yes	□No
24	25 Name and Address of Curre	29 29 Acent	30	1		10. Name and Address of New Registered		
	9. Name and Address of Curre	iir vafizraien wheiir		81 1	Vame	10. Hallis fire	J	
TILL	EM, SCOTT							-
3284 NORTH STATE ROAD 7				82 Street A		ldress (P.O. Box Number is Not Acceptable)		1
LAU	DERDALE LAKES FL 33319			83				1
		,		84 (City		85 Zip	Code
						FL_		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the a	above-n	amed corp	poration submits this statement for the purpose of	changing its	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	a of Florida. Such change wa ations of, Section 607,0505.	s autnorize Florida Stat	a by the tutes.	e corporati	on's board of directors. I hereby accept the appoin	iditionit as i	agiaterou
	·						-	- -
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered	d Agent sig	gnature require	d when reinstating) DATE		
12.		ND DIRECTORS	13.	,		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PVST	☐ DELETE	1,1 T	TILE		•	Change	☐ Addition
NAME	GARDINIA, MICHAEL		1.2 N	AME				•
STREET ADDRESS	AAAA A W. STIL ATDEET	•	1.3 S	TREET AD	DRESS			,
	BOCA RATON FL 33428		140	ITY-ST-Z	IP.	·		
CITY-ST-ZIP	D DOCK HATON FE 33420	DELETE					Change	Addition
	, -			IAME	- 1	•		;
NAME	GARDINIA, MICHAEL				DDE00			- ' ;
STREET ADDRESS				TREET AD				į "
CITY-ST-ZIP	BOCA RATON FL 33428	D DELETE		CITY-ST-2	IP		Change	· Addition
TITLE		☐ DELETE					П спанда	
NAME			3.2 N	IAME				
STREET ADDRESS	i :		3.3 S	TREET AD	DRESS			S
CITY-ST-ZIP				CITY-ST-Z	ZIP .			
TITLE			-	TT F	1			I I Addition
		☐ DELETE	4.1 T	IILE			[_] Change	☐ Addition
NAME	.4	☐ DELETE		NAME			Change	Addition
		☐ DELETE	4.21		DDRESS		[_] Change	Addition
STREET ADDRESS		☐ DELETE	4. 2 l 4.3 S	NAME STREET AC			Change	Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.21 4.3 S 4.4 C	NAME STREET AC CITY+ST+Z			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			4.21 4.3 S 4.4 C 5.1 T	NAME STREET AC CITY+ST+Z				
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.21 4.3 S 4.4 C 5.1 T 5.2 N	NAME STREET AC STY-ST-Z TTLE NAME	IP .			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4. 2 h 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	NAME STREET AC CITY-ST-Z TILE NAME STREET AC	DDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.21 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	NAME STREET ACCITY-ST-Z TILE NAME STREET ACCITY-ST-Z	DDRESS			☐ Addition

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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90059 007 ***150.00