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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000031298 (9)

| G.A.S.I.T. INC.  | Mailing Address   |   |  |   |
|--|---|---|--|---|
| Principal Place of Business<br>10231 SW 107TH ST<br>MIAMI FL 33178   | 10231 SW 107TH ST<br>MIAMI FL 33178-3527                                    |   |  |   |
|  |   |   | 3. Date Incorporated or Qualified 04/17/1995   | 3a. Date of Last Report 05/01/1996  |
| 2. Principal Place of Business   | 2a. Mailing Address   |   | 4. FEI Number<br>65-0582984  | Applied For Not Applicab  |
| Suite, Apt. #, etc   | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired   | \$8.75 Additional   |
| Cdv 8 Style  | City & State  |   |  | Fee Required  |
| City & State   | 28  |   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees   |
| Zip Country  | 7 <sub>ip</sub>   | Country   | 8. This corporation has liability for  | Intangible tax under s. 199.032,  |
| 25 25 Name and Address of Curr   | 29 <br>rent Begistered Agent  | 30  | Florida Statutes  10. Name and Address of New R  | Yes No  |
| HEATH, TIMOTHY R   | ient negistered Agent   | 81 Name   | IV. Maille allu Audiose of New I   | efistolen Marit   |
| 10231 SW 107TH ST  |   |   | ress (P.O. Box Number is Not Accepta   | able)   |
| MIAMI FL 33176   |   | 83  | ***************************************  |   |
|  |   |   | · · · · · · · · · · · · · · · · · · ·  |   |
|  |   | 84 City   |  | FL 85 Zip Code  |
| <ol> <li>Pursuant to the provisions of Sections 607.0<br/>office or registered agent, or both, in the Sta</li> </ol>   | 502 and 607 1508, Florida Statu   | utes, the above-named cor   | poration submits this statement for the  | nurpose of changing its registere   |
| orice or registered agent, or both, in the Sta   | ate of Florida, Such change was   | s authorized by the corpora   | illores board of directors, i hereby acce  | ept the appointment as registered   |
| agent it am familiar with, and accept the obl  | ligations of, Section 607.0505, F   | Florida Statutes  |  |   |
| SiGNATURE  | _   | Florida Statutes  | in the state of th | DATE  |
| SIGNATURE<br>States to the profit of profit of parties of registered   | _   | Florida Statutes.  DIE Registered Agent signature requ  13.   | ired when reinstaing)  ADDITIONS/CHANGES TO OFFI   | DATE ICERS AND DIRECTORS IN 12  |
| SIGNATURE Signar to its section product from of registered. 2. OFFICERS A  | agent and the diappricable (NC  | Torida Statutos.  DIE Registered Agent signature requ   |  | ······································  |
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| SIGNATURE  Signar por 15, set on product ramon of registered  12. OFFICERS A  THEE PHEATH, TIMOTHY R  10231 SW 107TH ST  MIAMI FL 33176  S  MIAMI FL 33176  S  MARCH I CAPELLE O   | agent and the if applicable (NC   | Torida Statutes.  DIE Registered Agent signature requ  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  |  | CERS AND DIRECTORS IN 12  |
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| SIGNATURE  Signature 1, set or product cannot of registered.  12. OFFICERS A  THE PHEATH, TIMOTHY R  10231 SW 107TH ST  MIAMI FL 33178  SHEET ADDRESS  HEATH, ISABELLE C  10231 SW 107TH ST  HEATH, ISABELLE C  10231 SW 107TH ST  | agent and the diappitable (NCAND DIRECTORS ) DELETE                         | Florida Statutes.  DiE Registered Agent signature required.  13.  1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-ZiP 2.1 Title 2.2 NAME  |  | CERS AND DIRECTORS IN 12 Change Addition Change Addition  |
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| SIGNATURE  Signation is set on pooled manner of registered  12. OFFICERS A  THE  MAME SIRELATERESS CITY-SI-70* THE  NAME SIRELADDRESS CITY-SI-70* THE  NAME  | agent and the diapplicable (NCAND DIRECTORS  DELETE  DELETE  DELETE  DELETE | Torida Statutos.  Die Registered Agent signature required.  13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 City-St-Zip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 3.4 City-St-Zip 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title 6.2 NAME                  |  | CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition |
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SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR Date Date Date Dogstone Proce &