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 # P95000036464

1. Corporation Name

G-P RB BUILDING, INC.

p Country	Zip Country
ity & State	City & State
	27
uite, Apt. #, etc.	Suite, Apt. #, etc.
	26
rincipal Place of Business	2a. Mailing Address
	uite, Apt. #, etc.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90241 001 11,906.25



										INN a a nan a	1818 8 111	1 8181 1881	
Principal Place of Business Mailing Address							ì						
2295 CORPORATE BLVD. P.O. BOX 5010													
SUITE 222 BOCA RATON FL				431-0810				DO NOT WRITE IN THIS SPACE					
BOCA RATON FL 33431								Date Incorporated or Qualifed					
								05/09/1995					
2 Principal Pl	ace of Business	2a Mail	ing Address					1. FEI Number			Applie	ed For	
	ace of Business	_	26					65-0579462			Not A	pplicable	
Suite, Apt. i	# etc	-	Suite, Apt. #, etc.							\$8.7	5 Add	itional	
22	.,, 0.0.	27	⊢ , ' '					5. Certifcate of Status Desired		Fee	Requi	ıеq	
City & State			City & State					B. Election Campaign Financing		\$5.0	00 ма	ıv Be	
23		28	28					Trust Fund Contribution		Add	ed to F	ees	
Zip	Country	Zip					8. This corporation owes the current year Intangible						
24	25	29	29 30			Personal Property Tax.						No	
	9. Name and Address of Curren	t Registered	Agent		Ι_,		10	0. Name and Address of New	Registered	Agent			
					81	Name						:	
THE HERRICK COMPANY, INC.					82	Street	Address	able)					
2295 CORPORATE BLVD.					-	000							
	E 222				83								
BOC	A RATON FL 33431				84	City				85 2	Zip Coo	ie	
					l				FL	.	•		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, St	ich change was ai	utnonzec	י עם נ	tne corpo	corporati oration's	ion submits this statement for the board of directors. I hereby acce	purpose of pt the appoil	changing ntment as	j its reg s regist	jistered lered	
SIGNATURE								n reinstating)	DATE				
	Signature, typed or printed name of registered age OFFICERS AN			13.	Agen	t signature n	ednited Milei	ADDITIONS/CHANGES TO OF		ID DIREC	CTORS	IN 12	
TITLE	PSTD OFFICERS AN	D DIRECTO	DELETE	1.1 TI	Π.F.			ADDITIONS/CHANGES TO O	TIOCHO AI	Chan		Addition	
	NORTON HERRICK				NAME								
COOR CORPORATE DIVID ANY CHIEF 400					1.3 STREET ADDRESS							i	
BOOA BATON EL					1.4 CITY-ST-ZIP							ĺ	
CITY-ST-ZIP	VPAS		☐ DELETE	2.1 TI		-211				[] Chan	ige	Addition	
	_ ··· / ·				2.2 NAME					_		_	
NAME	110111111011				2.3 STREET ADDRESS							İ	
STREET ADDRESS	•				2.3 STREET ADDRESS							ļ	
CITY-ST-ZIP	MORRISTOWN NJ VPAS		☐ DELETE	2. 4 C		1-417				Char	nge	Addition	
TITLE	MICHAEL HERRICK			3.2 N							-	_	
NAME	2295 CORPORATE BLVD, NW,	SHITE 222				AUDDESS	20 1-	name il (O				ĺ	
STREET ADDRESS	BOCA RATON FL	JUIL LEL		3.3 8	XTY-S	T. 7ID	MARK	mmunity M					
CITY-ST-ZIP	BOOK HATON I'C		☐ DELETE	4.1 Ti		1- LIT	141011	10101011 110		[] Char	nge	Addition	
TITLE NAME				4. 2 N						_	-		
						ADORESS							
STREET ADDRESS					TY-ST								
CITY-ST-ZIP			☐ DELETE	4.4 C		- 4.IF	_			Char	nge	Addition	
				5.2 N						_	-	_	
NAME					-	ADDRESS							
STREET ADDRESS					ITY-S7								
CITY-ST-ZIP			☐ DELETE	6.1 TI						Char	nge	Addition	
TITLE			L. PELETE	6.2 N							-	_ '	
NAME				1									

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 of the receiver or trystee 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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR