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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500039471

**GELLIS SALES CORPORATION** 

· .
Mailing Address
5261 SW 121 TERRACE COOPER CITY FL 33330

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90018 045 \*\*\*150.00



Principal Place	of Business	Mailing Address	•			1			
5261 SW 121 TEI	RRACE	5261 SW 121 TEF				,			
COOPER CITY FL		COOPER CITY FL	. 33330			DO	NOT WRITE IN THIS	SPACE	
	, '					3. Date incorporated or			
	•					05/17/1995	Qualifor		}
								<del>-                                    </del>	Applied For
2. Principal Pla	ace of Business	2a. Mailing Addr	ress			4. FEI Number		<u>}-</u> +	<del></del>
Z. , IIIIOIDUI ,	• • • • • • • • • • • • • • • • • • • •	26				65-0581844			Not Applicable
21	t oto	Suite, Apt. #	, etc.			5. Certifcate of Status	Desired		5 Additional
	T, GIO.	27	•			5. Certificate of otolda		Fee	Required
22		City & State				6. Election Campaign I	Financing	\$5.0	<b>)0</b> May Be
City & State	3	28				Trust Fund Contribu		Add	ed to Fees
23		Zip		Country	,	8. This corporation ow	es the current year Ir	ntangible	
Zip	Country		30	,		Personal Property T		☐ Yes	<b>⊠</b> No
24	25	29				10. Name and Address		Agent	
	9. Name and Address of Curren	t Registered Agent		81	Name	10		•	
		The State of the S		"					
C ELLIS	S, GLENN E			82	Street Addr	ess (P.O. Box Number is N	lot Acceptable)	•	
5261	SW 121 TERRACE					end a reserve	a security of the second of the second	en elektrisk fransk fra Little i de fan	462 5051 221481 -
C00I	PER CITY FL 33330			83	1				
				-		78 5 8 173 (18)	7. 1. 2.311 2.341 T	. 85	Zip Code
	·			84			F	1 1 1	·
#504 (SQ 1A) 13	to the provisions of Sections 607.050	10 CO7 1509 Flor	rida Statutes th	ne abov	e-named corp	poration submits this statem	ent for the purpose	of changing	its registered
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such cha	nge was author	rized by	the corporation	on's board of directors. I he	ereby accept the app	ointment a	s registered
oπice or re	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607	'.0505, Florida :	Statutes	S.	1 -	Lactor	-	ا دام
	MAD A NAME OF THE PARTY OF THE	and the same	The state of the s	4	TOPC!	<u>.                                     </u>			<del></del>
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	Signature, typed or partied ritine of registered age	nt and title if applicable.	(NOTE: Regis	stered Age	TOPC!	ADDITIONS/CHANG	DATE SES TO OFFICERS /	AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or partied ritine of registered age	nt and title if applicable.	(NOTE: Regit	stered Age	TOPC!	ad when reinstating)  ADDITIONS/CHANG	DATE DATE	AND DIRE	CTORS 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 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.

STREET ADDRESS