## 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

	JMENT # P9500 GYPSY, INC.	00050137 (5	5)				K <b>al</b> ki ka		
Principal Pi	ace of Business	Mailing Address				4.000(000) (1.0 10(0) 00(1) 00(1) 00(1) 00(1) 00(1)			H01 IJ01
1300 MAIN STREET FT. MYERS BEACH FL 33931		POST OFFICE BOX 6189 FT. MYERS BEACH FL 33932				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
9 Principal	Place of Business	2a. Mailing Address				06/27/1995 4. FEI Number		T	E15
2. Principal 21	Place of Business	26. Mailing Address						+	lied For
Suite, Ar	ot. #, etc.	Suite, Apt. #, etc.				65-0596790  5. Certificate of Status Desired □	<b>5</b> Ac	Not Applicable  Additional  Regulred	
City & St		City & State				6. Election Campaign Financing Trust Fund Contribution			lay Be Fees
Zip 24	Country 25	Z <sub>I</sub> p <b>29</b>	30 Cou	ntry	,		Yes	r Intar	
	g, Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
ANDREWS, JOEL C 16060 PEBBLE LANE FT. MYERS FL 33912				82	2 Street Address (P.O. Box Number is Not Acceptable)				
•			i	84	City	FL	. [ ]	Zip Co	
11. Pursuar office o agent. I	nt to the provisions of Sections 607.00 r registered agent, or both, in the SIa I am familiar with, and accept the obli	502 and 607.1508, Florida State of Florida. Such change waigations of, Section 607.0505,	tutes, the ab is authorized Florida Stati	ove by utes	e-named corp the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the control of th	f changir cointment	ng its Las re	registered gistered
SIGNATURE	<u>.</u>						<i>-</i>		
12.	Signature typed or printed name of registered a	agent and tille if applicable (N ND DIRECTORS	NOTE: Registered	Age	nt signature require	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIDECT	ropė	IN 12
TITLE	D OFFICERS A	DELETE	1.1 [0]	ı F	T	ADDITIONS/CHANGES TO OFFICERS AN	Chan		Addition
NAME	ANDREWS, JOEL C		1.2 NA					•-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33912		1.4 CIT		1				
TITLE	VP	DELETE	2.1 TIT				Chan	ge	Addition
NAME	HENDERSON, DENNIS		2.2 NA	ΜE					
STREET ADDRESS	s 5790 BRIARCLIFF		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE	ST	☐ DELETE	3.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·	Chan	ge	Addition Addition
NAME	GALA, GEORGE		3.2 NA	ME	1				
STREET ADDRESS	72-1 11-11-11-11-11-11-11-11-11-11-11-11-1	E	3.3 ST6	REET	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33908		3.4. CI		T-ZIP				
TITLE		DELETE	4.1 TIT	LE .			Chan	ge	Addition

CITY-ST-ZIP 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 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.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

☐ Addition

**FILED** 

Mar 16 1998 8:00am

Secretary of State