PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # P95000085223 1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

GAR WEST, INC.		
Principal Place of Business	Mailing Address	
201 S. BISCAYNE BLVD. SUITE 1920 MIAMI FL 33131	201 S. BISCAYNE BLVD. SUITE 1920 MIAMI FL 33131	
2. Principal Place of Business	- 2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip

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25 29 9. Name and Address of Current Registered Agent

Country

Katherine Harris

Secretary of State

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90015 044 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/06/1995

65-0647498

4,_FEI Number -

	U. Hante dije stadioo T. Daylor State Stat					
ttp0	CLL MILTON M. ID		81 Name			
FERRELL, MILTON M JR.			82 Street	Address (P.O. Box Number is Not Acceptable)		
	S. BISCAYNE BLVD.					
	E 1920		83			
MIAM	II FL 33131		84 City	, 8	5 Zip Co	de
				FL "		
office or re	o the provisions of Sections 607.0502 and 607.1508, Florida Sta egistered agent, or both, in the State of Florida. Such change wa n familiar with, and accept the obligations of, Section 607.0505,	s authoriz	ea by the corpo	corporation submits this statement for the purpose of char oration's board of directors. I hereby accept the appointme	nging its regi	stered
SIGNATURE	41	OTE: Busintes	and Amont cionature r	equired when reinstating) DATE		i
	Signature, typed or printed name of registered agent and title if applicable. (No OFFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12
12.	PD DELETE		TITLE		Change	Addition
NAME	FERRELL, MILTON M JR.		NAME			•
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 1920		STREET ADDRESS			
CITY-ST-ZiP	MIAMI FL 33131		CITY-ST-ZIP			
TITLE	S DELETE		TITLE		Change	☐ Addition
NAME	DACASTIGLIONE, MAYRA D	2.2	NAME			[
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 1920	2.3	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131	2.4	CITY-ST-ZIP	<u> </u>	_	
TITLE	T □ DELETE	3.1	TITLE		Change	☐ Addition
NAME]	NICHOLLS, GREGG	3.2	NAME			
STREET ADDRESS	3300 N UNIVERSITY DR, #604	3.3	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		. CTTY-ST-ZIP			T Addition
TITLE	☐ DELETE	4.1	TITLE	│	Change	Addition
NAME		4.2	2 NAME	·		
STREET ADDRESS		4.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		Change	Addition
TITLE	☐ DELETE		TITLE	<u>-</u>	Change	
NAME			NAME . STREET ADDRESS		•	
STREET ADDRESS			CITY-ST-ZIP	•	•	
CITY-ST-ZIP	∏ DELETE		TITLE		Change	Addition
TITLE	⊕ DELETE		NAME			
NAME	•		STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP	ertify that the information supplied with this filing does not qualify			d in Section 119 07(3)(i) Florida Statutes further certify t	hat the inf	ormation

Country

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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 ar 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 attachmy with an address, with all other like empowered.

SIGNATURE: