## 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 # P95000090016 1. Corporation Name

GBMS FUNDING, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

I LOGINGOL HA MIND SKILL ORING COM COMO ABUNG LANG BARK GRANG HAND COM INC.

Principal Flac	e of Business	Mailing Address	<del></del>		
3306 ARUBA WAY APT 01 COCONUT CREEK FL 33066		3306 ARUBA WAY APT 0-1 COCONUT CREEK FL 33086			. DO NOT WRITE IN THIS SPACE
US	CA 12 33000	US US	. 33000		3. Date Incorporated or Qualifed 11/27/1995
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0537718 Not Applicab
Suite, Apt.		Suite, Apt. #, etc	l. 		5. Certificate of Status Desired
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent		1	10. Name and Address of New Registered Agent
CAN	DS. ROSALYN			81 Na	Name
3306	B ARUBA WAY			<b>82</b> Str	Street Address (P.O. Box Number is Not Acceptable)
#01				83	
1 000	ONUT CREEK FL 33066			84 Cit	City 85 Zip Code
				<b>  64</b>   611	FL 3 2 5000
SIGNATURE	Signature, typed or printed name of registered a			Agent signa	alignature required when reinstating) DATE
12.	· _ · <del> </del>	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELÉ1			Change C Addit
NAME	SANDS, ROSALYN		12 N		
STREET ADDRESS	3306 ARUBA WAY #0-1		1 1	REETADOR	<b>{</b>
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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)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 Black 12 or Block 13 if charges or on an attachment with an address, with other like empowered.

SIGNATURE:

SIGNATURE AND TYPES ON PRACTICE NAME OF SIGNATURE OF SIGN

GBMS Funding, Inc. 3306 Aruba Way Apt. 0-1 Coconut Creek, Fl 33066

Florida Department of State Division of Corporations Annual Reports Filings Tallahassee Fl 32302-1500

To whom it may concern:

Enclosed please find the 1999 Corporation Annual Report and payment for GBMS Funding, Inc.

I have been undergoing a complete dental rehabilitation since January 1999 and during my absence from my office, this report was filed instead of being executed... I was forced to leave my obligations to other personnel which I always take care of myself.

I apologize for any inconvience this may have caused you. I assure you that the annual report will be sent out in a timely manner in the future, now that I am back to work full time.

Thank you for your kind consideration to the filing of this report.

Sincerely yours, Sand Rosalyn Sands GBMS Funding. Inc.

Dear Kristen,

as you requested, I am Sending back to you my annual report

and ressuing a new check for \$150,00.

Thanks so much for helping me!

Sincerely,

That a wenderful Holiday I



November 8, 1999

Re: Rosalyn Sands

To Whom It May Concern:

Please be advised Rosalyn Sands has been undergoing extensive dental surgery and rehabilitation procedures starting January, 1999, through August, 1999.

Sincerely,

Michael Radu, D.D.S.