**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90037 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600008969

1. Corporation	GER CORPORATION							
Principal Place of Business Mailing Address						T TORESTORE ITALIANE AUTHOR OBJECT OBJECT OF SECOND LAND AND ALEMAN	811 IB\$1	
5458 HOFFNER AVE STE 304 ORLANDO FL 32812  5458 HOFFNER AVE STE ORLANDO FL 32812			TE 304	04		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/29/1996		
District District Districts			<u>.</u>			4. FEI Number Applied	For	
Principal Place of Business     2a. Mailing Address						59-3400864 Not App		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  5. Certificate of Status Desired  5. Fee Require	onal	
City & State				,		6. Election Campaign Financing St.00 May Be Trust Fund Contribution Added to Fees		
Zip 24				Country		8. This corporation owes the current year Intangible Personal Property Tax.		
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
LASTINGER, DAVID M 5458 HOFFNER AVE STE 304 ORLANDO FL 32812  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent or both in the State of Florida, Such change was auth			tatutes, the a	82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered tutes.				
1	m familiar with, and accept the ob	ligations of, Section 607.0505	, Florida Sta	tutes.	•			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					signature red	equired when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	_	
TITLE	D	☐ DELETI	E 1,1 T	TTLE	1	☐ Change	Addition	
NAME	LASTINGER, DAVID M			1.2 NAME				
STREET ADDRESS			1.3 5	1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32812			1.4 CITY+ST-ZIP				
TITLE		☐ DELETE 2.1		2.1 TITLE		Change	] Addition	
NAME	,		2.21	AME				
STREET ADDRESS			2.3 5	TREET	ADDRESS	?		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			7 4 4 420	
TITLE		☐ DELET	E 3.1 1	TILÉ	.	☐ Change ☐	Addition	
NAME	•		3.2	IAME		<del>-</del>		
STREET ADDRESS			3.3 9	TREET	ADDRESS		S., 65	
CITY-ST-ZIP			3.4.	CITY-ST	T- ZIP	and the second of the second o		

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 ctanged or on an attachment with any address, with all other like empowered.

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

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZiP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

☐ DELETE

avid Lastinger 1/14/9

4/99 (467)658-4788 Daytima Phone #

☐ Change ☐ Addition

Change

☐ Addition

Addition

32E034 (11/98)