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

DOCUMENT # Corporation Name
G. MFYFR. INC.

P96000039912 (6)

FILED Mar 16 1998 8:00am Secretary of State

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D 10 11 11	20			9				1,001/88/110 18/19 1/// 10/// BB/// BB/// BB/// BB/// 1//// 10/// 1///
•	Place of Busine	SS		Mailing Address				
605 MARI 110	KET 81		111	5 Market St				
	TION FL 34747		CELEBRATION FL 34747					DO NOT WRITE IN THIS SPACE
US				US				3. Date Incorporated or Qualified 05/08/1996
2. Princip	al Place of Bus	iness	28.	Mailing Address				4. FEI Number Applied For
21			26	_				59-3378156 Not Applicable
Suite, Apt #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City &	State			Crty & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip		Country		Zip	Cou	ntry	,	8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
		and Address of Curre	nt Regist	ered Agent				10. Name and Address of New Registered Agent
	MIGNONM, R	OBERT				81	Name	9
		Ashington Street				82	Street A	t Address (P.O. Box Number is Not Acceptable)
	Orlando fi	. 32801					0.10017	t notions (i.e. box not not is not notopiable)
	i ·					83		
	1)					-	0:4:	lee Little Code
						84	City	FL 85 Zip Code
11. Pursu	ant to the provi	sions of Sections 607.05	02 and 60	7.1508, Florida Statut	es, the al	DOVE	-named	d corporation submits this statement for the purpose of changing its registered
office	or registered a	gent, or both, in the Stal 7th, and accept the obli	e of Florida	a. Such change was a Section 607 0505 Fix	authorized	d by	the corp	rporation's board of directors. I hereby accept the appointment as registered
		and accept the con	galions of,	3000001 007.0303, 1 R	Jiga Stat	uies		
SIGNATU	RE Storature Ivoe	d or printed name of registered as	neut and tile if	annicabin (NOT)	E Registered	L Age	ol signature	re required whon rolnstating) DATE
12.		OFFICERS AF			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THTLE	0			☐ DELETE	1.1 10	LE	T	Change Addition
NAME	CHOUC	HANA, GUY			1.2 NA	ME	ŀ	
STREET ADDRI	ESS 31 RUE	D-ALGER			13 ST	RÉET	ADDRESS	
CITY-ST-ZIP	83000 1	TOULON, FRANCE			1.4 Cf		l l	
TITLE	1			DELETE	2.1 Til		1-21	Change Addition
NAME	1				2.2 NA		- 1	
STREET ADDRE					ŀ		ADDRESS	
•	.55							
CITY-ST-ZIP TITLE				DELETE	2. 4 Cl		51-ZIP	Change Addition
NAME	1			E-F CALLAR	3.1 III		1	المانية من المانية الم
	100						ADDRESS	
STREET ADDRE	133						ADDRESS	
CITY-ST-ZIP		<u> </u>		DELETE	3.4. CI		11 - ZIP	Change Addition
	1			المالين بي				
NAME					4. 2 N/		******	
STREET ADDRE	:55						ADDRESS	_
CITY - ST - ZIP	- 			DELETE	4.4 CI		1-214	Change Addition
TITLE	1			☐ DECEIE	5.1 TI		1	Change Accilion
NAME					5.2 NA			1 * * * * * * * * * * * * * * * * * * *
STREET ADDRE	SS						ADDRESS	1112/16
CITY-ST-ZIP		····		Contest	5.4 CIT		I - ZIP	
TITLE				DELETE	6.1 TIT			L Change L Addition
NAME					6.2 NA			100002459291 -03/17/9801041007
STREET ADDRE	:ss				6.3 ST	REET	ADDRESS	***150.00
CITY-ST-ZIP	L_ <u>_</u>				6.4 CIT	Y-S1	T-ZIP	<u>****100.00</u>

14. Thereby 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.

SIGNATURE: