PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062026 1, Corporation Name

G.C. & G.C., INC.

Principal Place of Business

Mailing Address

Mar 19, 1999 8:00 am Secretary of State

03-19-1999 90011 001 ***150.00 03-19-1999 90011 002 *****8.75



SIUI N FEUERI	AL HIGHWAT	JUI N FEUERAL HIGHWAT			1							
#504 #504 FT_LAUDERDALE_FL_33306 FT_LAUDERDALE_FL_33306						DO NOT WRITE IN THIS SPACE						
			3. Date			Incorporated or Qualifed						
					(07/24/1	996					
2. Principal P	lace of Business	2a. Mailing Address				FEI Numb			Ap	plied For		
21 6221 W. Atlantic Blud. 26 6221 W Atlant					tic Blud. 654			-0718104				
Suite, Apt.	• • •	5. Certifcate of Status Desired			ired 🔼	\$8.75 Additional Fee Required						
City & Stat	e	City & State			- 6	Election C	ampaign Fina	ncina _	\$5.00	May Re		
23 Mar	<u>PL</u>			Trust Fund Contribution Added to Fees								
Zip	_ Countr	у	8. This corporation owes the current year Intangible					п.,				
24 33063 25 29 33063 30					Personal Property Tax.							
	9. Name and Address of Current	Registered Agent		т	10.	Name and	d Address of	New Registered	Agent			
OU ID	reshi, denise		81	I Name								
	82 Street Address (P.Q. Box Number is Not Acceptable)											
3101 N FEDERAL HIGHWAY					6221 W. Hylantic Blva.							
#50 ₋	·		83	3								
, FTL	AUDERDALE FL 33306		84	City	 -	_ 			85 Zip	Code		
			64	Cily	burgo	ste.		FL		Code OG3		
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State o	and 607,1508, Florida Statutes	, the abov	/e-named	corporation	submits th	nis statement	for the purpose of	changing its	registered		
office or r	egistered agent, or both, in the State o im familiar with, and accept the obligati	f Florida, Such change was auth	horized by la Statute	the corp	oration's Boa	ard of dire	ctors. I hereby	accept the appoi	ntment as re	gistered		
)	III Jamiliai Willi, and accept the obligation	Mis of, section correspond, right		•				1-26-9	39			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	ent signature	required when rei	nstating)		1-26-9				
12.	OFFICERS AND		13.				S/CHANGES	O OFFICERS AN	ID DIRECTO	ORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE		I		**		Change	Addition		
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NAME			3.2 NAME		[ļ		
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NAME I			6.2 NAME									
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STREET ADDRESS	}		6.3 STREE							1		

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, with all other like empowered.

SIGNATURE:

