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 #

P96000071054 (6)

GEP LIM	NAME NITED, INC.		(-)						
Principal Place of Business Mailing Address						. I DANADA KIR IBINA BINI BANI BANI BENI BANI BANI BANI BANI BANI BANI BANI BA	At (IN) ANIA	Batti bibi 1941	
8050 SOUTH HIGHWAY 17-92 SUITE 101 CASSELBERRY FL 32707		5050 SOUTH HIGHWAY 17-92 SUITE 101 CASSELBERRY FL 32707				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
						08/26/1996			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied For	
11		26				59-3399425		Not Applicable	
Suite, Apt. #.	, etc.	27				5. Certificate of Status Desired		Additional Required	
City & State		City & State	State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 4	Country 25	Z _I p	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Co	urrent Registered Agent				10. Name and Address of New Registered	Agent		
CAS	SELBERRY FL 32707			84		FL	85 Zi	p Code	
SIGNATURE						orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	f changing pointment s	its registered as registered	
12.	gnature. Noted or printed name of register OFFICERS	ed agent and little if applicable S AND DIRECTORS	<u></u>	islered Ag	eni signalure rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	DRS IN 12	
TITLE T	D			11 TITLE		Appriliation (All Journal And	Change		
NAME	ZWICKER, STEVE	 :		1.2 NAME					
STREET ADDRESS	539 CANBY CIRCLE		- 1	1.3 STREET ADDRESS					
CITY-ST-ZIP	OCOEE FL			1.4 CITY-ST-ZIP					
ITLE	D DELETE			2.1 TITLE			Change	Additio	
NAME .	SABATINI, JOE			2.2 NAME					
STREET ADDRESS	1220 S. PINEAPPLE LAN	E		2.3 STREE	T ADDRESS				
CITY-SI-ZIP	EUSTIS FL 32726			2 4 CITY	ST-ZIP				
ITLE	D	☐ DEL		3.1 TITLE			Change	Additio	
NAME DESCRIPTION	GRACZYK, OLIN 311 DIEDRICH ST.		1	3.2 NAME	1000000				
STREET ADDRESS	CHOTIC EL 20702		I ;	3.3 STREE	I ADDRESS				

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 attachment with an address.

4.1 THILE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE 62 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

☐ DELETE

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4/24/98

FILED

May 08 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition