## 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 # **P96000071532** 1. Corporation Name

GIL-TEC, INC.

Principal Place of Business

Mailing Address

ATOM COCKNI CHUR BLUD

## **FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90178 035 \*\*\*150.00



205 HOLLYWOOD FL 33019	205 HOLLYWOOD FL 33019		DO NOT WRI	TE IN THIS SI	PACE
US .	US		<ol> <li>Date Incorporated or Qualified 08/26/1996</li> </ol>		
2. Principal Place of Business	2a. Mailing Address	1	4. FEI Number		Applied For
21 1031 Lincoln St.	26 1031 Linco	In 5	7, 65-0696550 ·		- I Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State 23 Hollywood, FL	City & State  28 Hollywood, F	<u></u>	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 33019 25 USA	2ip 33019 30	USA	This corporation owes the curr Personal Property Tax.		☐Yes ☐No
9. Name and Address of Curren		10. Name and Address of New Registered Agent			
GILLILAND, WILLIAM		81 Name			
2761 OCEAN CLUB BLVD		82 Street	Address (P.O. Box Number is Not Accepta	able)	•
HOLLYWOOD FL 33019		83		-	
		84 City		FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, the a	bove-named	corporation submits this statement for the	purpose of ch	nanging its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	ANOTE D		wind when coincipling)	DATE		
	Olympia of Open of Parinda Alama of Legislation and Company	garden synthesis and second				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	☐ Change	Addition	
TITLE	PVST DELETE	1.1 TITLE		□ Citalige	- Accusos	
NAME	GILLILAND, WILLIAM	1.2 NAME		•		
STREET ADDRESS	2761 OCEAN GLUB BLVD. 1631 Lincoln ST	1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP				
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	GILLILAND, WILLIAM	2.2 NAME				
STREET ADDRESS	enclination william 1031 Lincoln St.	2.3 STREET ADDRESS			•	
CITY-ST-ZIP	PEMBROKE PINES FL 33019	2.4 CMY-ST-ZIP		<u>.</u>		
TITLE	☐ DELETE	3.1 TITLE		Change Change	☐ Addition	
NAME		3.2 NAME		•		
STREET ADDRESS		3.3 STREET ADDRESS		•		
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME		4, 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP	, re- Mr. 1-1-18 F	·	- <u>-</u>	
TITLE	☐ DELETE	5,1 TITLE		Change	Addition	
NAME		5.2 NAME			•	
STREET ADDRESS		5.3 STREET ADDRÉSS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	· .			

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.