## 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

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90207 014 \*\*\*150.00

## DOCUMENT # P96000075999

G.M.A. CONSTRUCTION & DEVELOPMENT, INC.

Principal P ace of Business	Mailing Address		·	-	TEL BRITE IRAGE BEITH FAITE	: BIIO 7011 1001
P.O. BOX 616338	P.O. BOX 616338					
ORLANDO FL 32861-6338	ORLANDO FL 32861-6338		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed	TI IS SPACE	
				09/10/1996		
2. Princips+Rlace of Business	2a. Mailing Address			4. FEI Number	An	plied For
¬ < 1	26			59-3411668	1 _ 1 _ 1 _ 1	1 Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del>_</del> -			\$8 75 A	
22	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	City & State	···		6. Election Campaign Financing	\$5.00	Vlav Be
23	28			Trust Fund Contribution	Added to	· 1
Zip Country	Zip	Count	ry	8. This corporation owes the current y		
24 25	29	30 ORANGE		Personal Property Tax.	Yes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent	
ACOUNT ABELIATE		8	1 Name			
SERVICE, GRENNETT		8	2 Street Aildre	ess (P.O. Bo:: Number is Not Acceptable)		
7754 BAX CEDAR DR.						
ORLANDO FL 32835		8	3			
		8	4 City		<b>85</b> Zip C	ode
	)	İ	'		FL	
1. Pursuant to the provisions of Sections 607.050: office or registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the abo	ve-named corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing its appointment as rec	registered
agent. I am familiac with and a scept the obligat	ions of, Section 607.0505, Flori	da Statute	es.		10-00	
SIGNATURE News Levolc			evice)	70	16 79	
Signature, typed or printed no me of registered agen			ent signature req	With tollibraring	DATE AND DIRECTO	30 IN 12
12. OFFICERS AN	DELETE DELETE	13.		ADDITI DNS/CHANGES TO OFFICE	Change	Addition
NAME PD SERVICE, GRENNETT		1.2 NAME				
TTE A DAY OF DAD DOME		1.3 STREET ADDRESS				
ODLANDO EL 20225		1.4 CITY-				
	☐ DELETE	2.1 TITLE			Change	Addition
TITLE	<u></u>	2.2 NAME				
NAME			ET ADDRESS			
STREET ADDR-ISS		2 4 CITY	1			
CITY-ST-ZIP TITLE	DELETE	3.1 TITLE			☐ Change	Addition
NAME	rames and Transcent of the	3.2 NAME				
STREET ADDRESS			ET ADDRESS			
CITY-ST-ZIP		3.4. CITY	i			
TITLE	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME		4, 2 NAM	e			
STREET ADDR ISS		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		4.4 CITY				
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		5.2 NAMI				
STREET ADDR ESS		5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		5.4 CITY	-ST-ZIP			
TITLE	☐ DELETE	61 TITLE			☐ Change	Addition
NAME		6.2 NAMI				
STREET ADDRESS		63 STRE	ET ADDRESS			
CITY-ST-ZIP		6 4 CITY	-ST-ZIP			

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signa une 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP