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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## **FILED** Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90160 006 \*\*\*150.00

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COWFINI	# <b>P900000</b>	-		}			
orporation Name	GEMENT ALLIANCE, IN	IC.		\			
APITAL MANA	GEMENT YEEP WAS						
44							
		Mailing Address		1		E IN THIS SPA	ACE
incipal Place of Business 217 ARBOR CIRCLE					DO NOT WRITE IN THIS SPACE		
Capar i ioni		SANFORD FL 32773		<u> </u>	3. Date Incorporated or Qualifed		
ARBOR CIRCLE NFORD FL 32773		US		}	11/04/1996		Applied For
ALONG LE 22					A FEI Number		Not Applicable
		Address (		}	59-3413588		\$8.75 Additional
		2a. Mailing Address	ne-		5. Certificate of Status Desired		Pee Ivedana
Principal Place of	Business KUCE WOOLL COURT	Suite, Apt. #, etc.		}	5. Certificate of Carry		\$5.00 May Be
<b>~369~フ</b> 2	7000 C V-	Suite, April 1			6. Election Campaign Financing	, <sub>□</sub>	Added to Fees
Suite, Apt. #, etc.	· 	City & State		}	6. Election  Trust Fund Contribution	-mont year Inta	ngible
2	Florida	<b>├</b> ─1			This comporation owes the C	Widelin Jan	ngible  Yes No
City & State	· · · · · · · · · · · · · · · · · · ·	28 7in	Countr	У	Personal Property Tax.	w Registered	Agent
3 Later III		Zip	30		Personal Property Tax.  10. Name and Address of Ne		
		29 Agent		11 Name			
43279	Name and Address of Curre	nt Registered Ago	/s	Name	ess (P.O. Box Number is Not Acc	eptable)	
9	Manie Die		1	82 Street Addr	ess (P.O. Box 115)		
CUT	NANCY I		1				85 Zip Code
			II.	83		FI	}
2180 W	4460		}	84 City			of changing its registered
SUILE	1100 1100 El 32779		1		ention submits this statement for	accept the app	ointment as registered
LONGY	MOOD LC 25.11	The da St	atutes, the a	bove-named cor	tion's board of directors. I flereby		109
\	5 Sections 607.	0502 and 607.1508, Florida St	as authorized	d by the corpore	poration submits this statement folion's board of directors. I hereby ured when reinstating)  ADDITIONS/CHANGES	5/ 5/	77
11 Pursuant to	the provisions of Seth, in the St	are of Vollage Section 607.0505	FIDING	A	ured when reinstating) ADDITIONS/CHANGES	DATE	AND DIRECTORS IN 12
			WOTE Registere	d Agent signature requ	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTOR
agent	Synature, typed or printed name of figisters	d agent and title it applicable.	13		ADDITION		
	A Alongo Dalling C. Just						
SIGNATURE	OFFICER	S AND DIRECTORS	TE 1.1	TITLE			
	OFFICER	S AND DIRECTORS	1.2	NAME			
12.		S AND DIRECTORS DELE	1.2	NAME 3 STREET ADDRESS			☐ Change ☐ Add
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