Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90086 025 ***150.00

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 # P96000099277

1. Corporation Name

G. K. INTERNATIONAL CONSULTING INC.

	<i>:</i> .					
Principal Place of Business		Mailing Address			1 10011001 110 10110 01(11 00110 00110 00110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110	••
1501 NW 12 TERR		1501 NW 12 TERR				
BOCA RATON FL 33486		BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE	
US US		05			3. Date Incorporated or Qualifed	
					12/09/1996	- }
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
211		26			65-073 1588 Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional)
22		27			Fee Required	_
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	0	Zip Country				_
Zip	— — — — — — — — — — — — — — — — — — —		າ ້		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25 29 30				10. Name and Address of New Registered Agent	
	s. Haire and Address of Curren	. Adgistored Agein	81	Name		
KELL	.er, gerhard`a		-	Charat Ad	dress (P.O. Box Number is Not Acceptable)	
3201 N.E. 5TH COURT			82	Street Ad	Idless (P.O. Box Nutriber is Not Acceptable)	
POM	IPANO BEACH FL 33062		83			
			04	City	85 Zip Code	\dashv
			84	'	FL T T	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	□ DELETE	1.1 TITLE		☐ Change ☐ Add	ition
NAME	KELLER, GERHARD A		1.2 NAME			
STREET ADDRESS	1501 NW 12 TERR		1.3 STREE	TADDRESS		ł
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP	☐ Change ☐ Add	lition
TITLE		☐ DELETE	2.1 TITLE		, Change Add	BUIL
NAME			2.2 NAME		•	
STREET ADDRESS	سي سياك هناه الموسيقيات ويسياستان بشبك التا	يرون مسيمها جربت د ميسفيشند	_	TADORESS	المستسبب الداري والمالية فيستها والسني والمتالية المستهامين المراكب	
CITY-\$T-ZIP		□ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP	☐ Change ☐ Add	ition
III/E) ·		3.2 NAME	Ì		1
NAME	_			TADORESS		
STREET ADDRESS			3.4. CITY-5			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	SI-ALIF	☐ Change ☐ Ado	iition
NAME			4. 2 NAME	ļ		
STREET ADDRESS	·		ì	T ADDRESS)
CITY-ST-ZIP			4,4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE		Change Add	ition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5,4 CITY-5	ST-ZIP		

CITY-ST-ZIP 14. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINCED MANGES SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition