Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90091 011 ***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 # P96000100075

i. Corporate					1		
G.F.H. GROUP INC.						1 10 6 1 00 1 11 10 10 10	1 888 (4 00) (189 0
	•						
Principal Plac	ce of Business	Mailing Address	-		- I I POLITORI LIO I BLIO ALLI I BOLIC COLLI I CELOLI IL	#41 00 1111 46 114 00111 1	
12231 NW 18TH ST 12231 NW 18TH ST						•	
PLANTATION FL 33323 PLANTATION FL 33323					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	IO OI AGE	
,					12/11/1996		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Ap	plied For
21 26 26					65-0715035	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22	. • • • • • • • • • • • • • • • • • • •	27	•		5. Certificate of Status Desired	Fee Re	quired
City & Sta	te .	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	/Country	Zip	Countr	y	8. This corporation owes the current year.	Intangible Yes	ŪNo -
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Cur	ent Registered Agent	8	Name	10. Italia and Addiese of How Hogier		
TAYLOR, MICHAEL 10621 NO KENDALL DRIVE STE 217 MIAMI FL 33176				<u></u>			
				Street Ad	dress (P.O. Box Number is Not Acceptable)		
			oxdot			1-21-4	
·				City	F	L 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abov	e-named co	rporation submits this statement for the purpose	of changing its	registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change was autioations of Section 607.0505. Flori	thorized by da Statute	/ the corpora s.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	ontment as reg	gistered
SIGNATURE		,					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				nt signature requ	ired when reinstating) DATE		00 111 40
12.			13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD	☐ D€LETE	1.1 TITLE			Contrigo	
NAME	1100, CAIT		1.2 NAME				
STREET ADDRESS	12201 144 1011 01			TADDRESS			
CITY-ST-ZIP	PLANTATION FL 33323			ST-ZIP		Change	☐ Addition
TITLE			2.2 NAME	Ì		_ · ·	_
NAME			1	T ADDRESS			
STREET ADDRESS	•		2.4 CITY-				
CITY-ST-ZIP TITLE	DELETE 3.1T			31-21		Change	☐ Addition
NAME	- ■		3.2 NAME	:			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CFTY-				
TITLE			4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME			-~i -	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ŽIP	<u> </u>		4,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

3 0068

Addition

Change