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 # P96000101712

2. Principal Place of Business

Suite Ant # etc.

GBF ENGINEERING, INC.

Principal Place of Business	s ···
5700 ORANGE RD JUPITER FL 33458	

Mailing Address

5700 ORANGE RD JUPITER FL 33458

2a. Mailing Address

Suite, Apt, #, etc.

26

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90021 040 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3: Date Incorporated or Qualifed

01/02/1997 4. FEI Number

65-07 15034

22	· ·	27	27				5. Certificate of Status Desired	Fee Re	equired
City & Stat				-			6. Election Campaign Financing	_ \$5:00	Mav Be
23		28				Trust Fund Contribution	¥	to Fees	
Zip	Country	Zip	1	Col	intry		8. This corporation owes the current	vear Intangible	
一 `	25	29		30	•		Personal Property Tax.	☐Yes	X No
24	9. Name and Address of Curren		d Agent	100	1		10. Name and Address of New Reg	istered Agent	-4-7
	J. Name and Address of Carron		1 1		81	Name			
GOCOOL, BISHNUDATT F									
5700 ORANGE RD					82 Street Address (P.O. Box Number is Not Acceptable)				
	ITER FL 33458				83		1,500,500,500	78. B. E. 4. B. 1. 18.	
001									16%期期。
i			i		84	City	-	85 Zip	Code
esta com la jo					}			<u> FL </u>	***
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1	508, Florida Statut	es, the a	ibove	-named corpo	pration submits this statement for the pun's board of directors. I hereby accept the	rpose or changing its ne appointment as re	gistered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Sec	ction 607.0505, Flo	rida Sta	utes.	00, p0.1110			-
SIGNATURE							•		
SIGIVATORE	Signature, typed or printed name of registered agei	nt and title if appl	licable. (NOTE	Registere	d Agent	t signature required	when reinstating) * + + + + + + + + + + + + + + + + + +	DATE	
12.	OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	P		☐ DELETE	1.1 T	ITLE			☐ Change	☐ Addition
NAME	GOCOOL, BISHNUDATT F			1.2 N	AME				
STREET ADDRESS				1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458			1.4 0	rty-st	-ZIP			
TITLE	00.112111210100		☐ DELETE	2.1 T	ITLE			☐ Change	☐ Addition
NAME	, ,			2.2 N	AME		•		
				236	TDEET	ADDRESS			
STREET ADDRESS					CITY-S	· .		÷	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	2.4 T		1-21		Change	☐ Addition
TITLE	1004_1250%+T_11111		C) DELETE					_ ,	
NAME.					IAME				
STREET ADDRESS	ration of the					ADDRESS		學系數法院	(國) (國)
CITY-ST-ZIP				_	CITY-S	T-ZIP		Change	Addition
TITLE		-	☐ DELETE		ITLE			·	ne [::] AddibOR
NAME	2	7.43		4.2	NAME		• :		1
STREET ADDRESS				4.3 9	TREET	ADDRESS		1 1	· 10
CITY-ST-ZIP				4.4 (ITY-SI	r-ZIP			
TITLE			☐ DELETE	5.17	ITLE	İ	•	. Change	☐ Addition
NAME				5.2 N	AME			•	
STREET ADDRESS	,			5.3 9	TREET	ADDRESS	•		
CITY-ST-ZIP	Î Ê			5.4 (:ITY-\$1	r-zip			<u> </u>
TITLE	State of the Control of		☐ DELETE	6.17	TTLE			☐ Change	☐ Addition
NAME	579-178-27 B.		- -	6.21	IAME				
	January Communication			I I		ADDRESS			
STREET ADDRESS	P				XTY-SI				e de la composición d La composición de la
CITY-ST-ZIP	W 3			0.4 (A(1-5)	- cur	Section 440 07/2\/i) Elevido Statutos I fe		

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 informati 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.