

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14 1998 8:00am
Secretary of State

DOCUMENT # P97000000022 (8)

1. Corporation Name
GF CONSULTING SERVICES, INC.



Principal Place of Business
16860 U.S. 19 NORTH LOT #371
CLEARWATER FL 34624

Mailing Address
16860 U.S. 19 NORTH LOT #371
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 100 PALMVIEW RD

Suite, Apt. #, etc.

22 #70

City & State

23 PALMETTO FLORIDA

Zip

24 34221

Country

25 USA

2a. Mailing Address

26 100 PALMVIEW RD

Suite, Apt. #, etc.

27 #70

City & State

28 PALMETTO FLORIDA

Zip

29 34221

Country

30 USA

3. Date Incorporated or Qualified

01/02/1997

4. FFI Number

23-2483734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GOLDENBERG, GARY

~~16860 U.S. 19 NORTH LOT #371~~
CLEARWATER FL 34624

100 PALMVIEW RD #70
PALMETTO FL
34221

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100 PALMVIEW RD #70

PALMETTO

FL

85 Zip Code

34221

11. 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GOLDENBERG, GARY
STREET ADDRESS 16860 U.S. 19 NORTH LOT #371
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ST ☐ DELETE

NAME GOLDENBERG, FERN DINITZ
STREET ADDRESS 16860 U.S. 19 NORTH LOT #371
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

100 PALMVIEW RD #70
PALMETTO FLORIDA 34221

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

100 PALMVIEW RD #70
PALMETTO FLORIDA 34221

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

GARY GOLDENBERG

CR2E034 (10/97)