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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9700000169 (7)

GCF, INC.

FILED May 12 1998 8:00am Secretary of State



| Principal Place | Mailing Ac | Mailing Address | | | | | | | | | | | | | | |
|---|--|-------------------------------|---|-------------|------------|--------------|---------------|---|----------------|------------|-------------|--|-----------|------------|-------------|-------------|
| 7371 LAKE UNDERHILL DRIVE ORLANDO FL 32822 | | | 7371 LAKE UNDERHILL DRIVE ORLANDO FL 32822 | | | | | | | DO A | IOT WI | OITE IN | N THIS S | DA∩E | | |
| | | | | | | | <u> </u> | 5 - 1 | | | | | 4 IIII3 3 | FACE | | |
| | | | | | | | 3. | | corpora | | Qualiti | ea | | | | l |
| | | | | | | | | | <u>)2/199:</u> | <u>7</u> | | | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing | 2a. Mailing Address | | | | | FÉI Nu | imber (| 2 3 | 21.1 | 70 | 1.2 | | | olied For |
| 21 | | 26 | | | | | | | <u>'U</u> | <u>1::</u> | <u>י אכ</u> | <u>/ </u> | <u>H3</u> | | | Applicable |
| Suite, Apt. | #, etc. | Suite, A | Suite, Apt. #, etc. | | | | R | Certific | ate of St | tatus f | Desired | | [] | | | dditional |
| 22 | | 27 | | | | | | | | | | | | F | ee Re | quired |
| City & State | • | City & | City & State | | | | 6. | Electio | n Campa | aign F | inançin | g | | | | May Be |
| 23 | | 28 | 4 — I | | | | | Trust F | und Cor | ntributi | on | | <u> </u> | A | ded to | Fees |
| Zip | Country | Zip | Zip Cour | | | | 8. | This co | orporatio | n owe | s or ha | s paid | the curr | rent ye | ar Inta | ingible |
| 24 | 25 | 29 | 29 30 | | | | | Personal Property Tax due June 30. Yes No | | | | | | | | |
| | Name and Address of Currer | it Registered A | gent | | | | 10. | Name | and Add | dress | of New | / Regi | stered # | Agent | - | |
| FA | AZJER, GARY | | | | 81 | Name | | | | | | | | | | |
| 7371 LAKE UNDERHILL DRIVE | | | | | 82 | Ctrost (| Address (D | Iress (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | RLANDO FL 32822 | | | | | Street | Address (F | ".U. B 0) | CINUMINE | 1 15 140 | я Ассе | plaule | 7 | | | 1 |
| Or | ILMIDO IL SECEE | | | ŀ | 83 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | 84 | City | | | | | | | FL | 85 | Zip C | ode |
| | | 20 - 1003 4500 | Fig. Out | 1 11 | | | | n aubm | ita thia al | hotoma | nt for t | ho ou | | abara | vina ita | rogistorod |
| 11, Pursuant t office or s | to the provisions of Sections 607.050 | e of Florida. Such | , Fiorida Statu i ch ange w as | authorized | d by | the corp | oration's b | board o | director | rs. I he | ereby a | ccept | the app | ointme | nt as i | egistered |
| agent. I a | eglstered agent, or both, in the State or familiar with, and accept the oblig | ations of, Sectio | n 607.Ŏ505 , FI | lorida Stat | utes | ٠. | | | | | • | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | | |
| | Signature, typed or pointed name of registered ag- | | iii (NO | | d Age | ut signature | required when | | | | | | DATE | | 0700 | 2,11,12 |
| 12. | | D DIRECTORS | DELETE | 13. | | | | ADDITION | ONS/CH/ | ANGE | 8 10 0 | FFICE | HS AND | | | Addition |
| TITLE | PSTD | | DELETE | 1.1 1(1 | | | | | | | | | | L Ch | ange | ☐ ¥00IIIOII |
| NAME | FRAZIER, GARY | | | 1.2 NA | AME | | | | | | | | | | | |
| STREET ADDRESS | 9130 PALOS ZERDE DRIVE | | | 1.3 ST | REET | ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | | | 1.4 Ci | 1Y-S | i - ZIP | | | | | | | | | | |
| TITLE | VD | | DELETE | 2.1 TH | TLE | [| | | | | | | | L Ch | ange | ☐ Addition |
| NAME | Patel, Nagin | | | 2.2 NA | AMF | İ | | | | | | | | | | 1 |
| STREET ADDRESS | 7488 HOFFNER AVENUE | | | 2.3 ST | REET | ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32822 | | | 2 4 C | ITY-S | st-ZIP | | | | | | | | | | |
| TITLE | | | DELETE | 3.1 TI | • | | | | | | | | | ☐ Ch | ange | Addition |
| NAME | | | | 3.2 N/ | AME | | | | | | | | | | | |
| STREET ADDRESS | | | | 3351 | REFT | ADDRESS | | | | | | | | | | |
| | | | | 3.4. C | | - 1 | | | | | | | | | | |
| CITY-ST-ZIP | | | DELETE | 4.1 TC | | 1 21 | | | | | | | | ☐ Ch | ange | Addition |
| | | | | 4. 2 N | | | | | | | | | | | 5. | |
| NAME | | | | | | ADDRESS | | | | | | | | | | |
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| TITLE | | | DELETE | 5.1 TC | | 1 | 1 | | | | | | | <u></u> (1 | ange | |
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| STREET ADDRESS | | | | 5.3 ST | TREE 1 | ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | 5.4 CI | TY-S | T - Z(P | | | | | | | | | | |
| TITLE | | | DELETE | 6.1 TF | TLE | | | | | | | | | ☐ Cr | ange | Addition |
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| STREET ADDRESS | | | | 6.3 S1 | TREET | ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | 6.4 CI | ΠY-S | T-ZIP | | | | | | | | | | |
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Thereby certify that the imbifination supplied with this ming does not quality for the exemption stated in Section 1.19.07(37), Florida Statutes. Further certify that find information indicated on this annual report or supplicing that 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 trusted 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. 1-25-90