

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000013650 (1)**
1. Corporation Name
GBRS CORP.

Principal Place of Business
**11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

Mailing Address
**11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/11/1997

4. FEI Number
65-0740481

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$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

2. Principal Place of Business
21 **11780 U.S. HIGHWAY ONE**
Suite, Apt. #, etc.
22 **400**
City & State
23 **NORTH PALM BEACH, FLORIDA**
Zip Country
24 **33408** 25

2a. Mailing Address
26 **11780 U.S. HIGHWAY ONE**
Suite, Apt. #, etc.
27 **400**
City & State
28 **NORTH PALM BEACH, FLORIDA**
Zip Country
29 **33408** 30

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

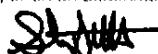
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BELLINGER, RICHARD P.	
13 STREET ADDRESS	11780 U.S. HIGHWAY ONE, #400	
14 CITY-ST-ZIP	NORTH PALM BEACH, FLORIDA 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	D/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WINSLETT, STEPHEN S.	
23 STREET ADDRESS	11780 U.S. HIGHWAY ONE, #400	
24 CITY-ST-ZIP	NORTH PALM BEACH, FLORIDA 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	XXXXXXXXXXXX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	XXXXXXXXXXXX	
33 STREET ADDRESS	11780 U.S. HIGHWAY ONE, #400	
34 CITY-ST-ZIP	NORTH PALM BEACH, FLORIDA 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HISLOP, THOMAS P.	
43 STREET ADDRESS	11780 U.S. HIGHWAY ONE, #400	
44 CITY-ST-ZIP	NORTH PALM BEACH, FLORIDA 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SANDERS, WAYNE	
53 STREET ADDRESS	11780 U.S. HIGHWAY ONE, #400	
54 CITY-ST-ZIP	NORTH PALM BEACH, FLORIDA 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

SIGNATURE:



STEPHEN S. WINSLETT

CR2E034 (10/97)