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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014440

1. Corporation Name

Principal Place of Business

GM ENTERPRISE & INVESTMENTS, INC.

6900 NW 24TH COURT SUNRISE FL 33313	6900 NW 24TH COURT SUNRISE FL 33313			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 02/11/1997
2. Principal Place of Business	2a. Mailing Address			4. FET Number Applied For
21	Suite Apt. #, etc.			65-0625697 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.	27			5. Certificate of Status Desired
City & State	City & State			6. Etertion Campaign Financing \$5.00 May Be
23	[28]			Trust Fund Contribution Added to Fees
Zip Country	the first transfer of the contract of the cont	Country		8. This corporation owes the current year Intangible Personal Property Tax [1Yes No
24 25 9. Name and Address of Curre	29 30 30			10. Name and Address of New Registered Agent
		81	Name	
PINCHINAT, GUESCLIN 6900 NW 24TH COURT SUNRISE FL 33313		82	82 Street Address (P.O. Box Number is Not Acceptable)	
SONNIGE I E 33313		83		
		84	City	EI 85 Zip Code
office or registered agent, or both, in the State agent, I am familiar with, and accept the oblig SIGNATURE Signature typed or proced name of registered agent.	e of Florida. Such change was author pations of, Section 607.0505, Florida S perfandible किंदुकियकि (किंप्रेस Regis	rized by t Statutes. www.Ages	Ine согромацог	· · · ·
12. OFFICERS A	·	13. 1170LE	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [] Addition
NAME PINCHINAT, GUESCLIN	••••	12 NAME		
STREET ADDRESS 6900 NW 24 CT	,	13S1R:11	ADDRESS	1 mmmm2911883+ - 8 -03/18/9901883013
CITY-ST-ZIP SUNRISE FL 33313		14 ÇII (-S)	- 201	****155.6月 神機構造155点以明。
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City-St-ZiP		2 4 Cirris 3 1 Till(E		{ Change E Addition
NAME		3.2 NAME		
\$TREET ADDRESS	1 3	3351REE [ADDRESS	
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NAME STREET ADDRESS	1	4 3 STREET	ADDRESS:	į
CITY-ST-ZIP	9	4 4 CP Y-S1		
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NAME	5	5.2 NAME		
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TITLE	(Decete	6 1 HILE 6 2 NAME		L 1 Change A 1 Addition
NAME		C / NAME		* ኤ ሃኢ M 📙

14. Thereby 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 suppliemental 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.

SIGNATURE:

CITY-ST-ZIP

Guesclin Pinchinat 3/1/89

FILED

99 MAR -8 PM 4: 27

SECRETARY OF STATE