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

DOCUMENT # P97000023422 (3)

G.S. PROPERTIES, INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		1 148/188/ (18 183// 188// 188// 188//	#### #################################
6674 NORTHWEST 66TH AVENUE	6674 NORTHWEST 66TH	I AVENUE	}	
PARKLAND FL 33067	PARKLAND FL 33067		DO NOT WRITE	E IN THIS SPACE
			3. Date Incorporated or Qualified	
			03/10/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-074906	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			¢0.75
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	☐ Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible
24 25		30	Personal Property Tax due June	30. Yes No
g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
STENFTENAGEL, GLADYS		81 Name		·
6674 NORTHWEST 66TH AVENUE	Ē	82 Street Addre	ess (P.O. Box Number is Not Acceptate	nie)
PARKLAND FL 33067				, , , , , , , , , , , , , , , , , , ,
		83		
		84) City		Ing. Zip Code
				FL 85 Zip Code
Pursuant to the provisions of Sections 607.050. office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	2 and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the p	surpose of changing its registered
agent. I am familiar with, and accept the obliga	of Florida. Such change was au atlons of, Section 607.0505, Flori	itnorized by the corporati ida Statutes.	on's board of directors. I hereby accep	of the appointment as registered
SIGNATURE				
Signature, typed or printed name of registered age		Registered Agent signature require	ed when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE P. S. .	L_I DELETE	1.1 TITLE		Change 🗔 Addition
NAME Gladys STENFTERG	6e1,	1.2 NAME		[;
STREET ADDRESS 6674 71 W. 66 AU	enue	1.3 STREET ADDRESS		l;
CITY-ST-ZIP DONKLAND, FL 3	061	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition (
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		į
STREET ADDRESS		3.3 STREET ADDRESS		
CiTY-ST-ZiP		3,4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
GITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		}
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		-
City - St - ZiP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied will	th this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I	further certify that the information

t is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

954-752-1174