

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90188 032 ***150.00

DOCUMENT # P97000023605

1. Corporation Name

G.S. ENTERTAINMENT, INC.

Principal Place of Business

2321 C.R. 951 NORTH
~~3601 TAMiami TRAIL NORTH~~
NAPLES FL 34116
US

Mailing Address

2321 C.R. 951 NORTH
~~3601 TAMiami TRAIL NORTH~~
NAPLES FL 34116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3432183

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2321 C.R. 951 NORTH

2a. Mailing Address

26 2321 C.R. 951 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

24 34116

Country

25 US

Zip

29 34116

Country

30 US

9. Name and Address of Current Registered Agent

GREGORY C. SWAB
2321 C.R. 951 NORTH
~~3601 TAMiami TRAIL NORTH~~
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name

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

83 2321 C.R. 951 NORTH

84 City NAPLES

FL

85 Zip Code 34116

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

Gregory C. Swab
Signature, typed or printed name of registered agent and title if applicable.

GREGORY C. SWAB

(NOTE: Registered Agent signature required when reinstating)

4/30/99

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SWAB, GREGORY C

STREET ADDRESS 1911 48TH STREET SW

CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: *Gregory C. Swab* GREGORY C. SWAB, Pres. 4/30/99 (440) 353-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)