

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
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90040 029 ***158.75

DOCUMENT # P97000028150

1. Corporation Name
GAPANA, INC.

Principal Place of Business
1890 NW 42ND TERRACE
LAUDERHILL FL 33313

Mailing Address
1890 NW 42ND TERRACE
LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number
65-0762403

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5801 S. SABLE CIRCLE
Suite, Apt. #, etc.

26 5801 S. SABLE CIRCLE
Suite, Apt. #, etc.

22 City & State
MARGATE FL.

27 City & State
MARGATE FL.

23 Zip Country
33063 U.S.A.

28 Zip Country
33063 USA

9. Name and Address of Current Registered Agent

BARNSWELL, NATHAN
1890 NW 42ND TERRACE
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name NATHAN BARNSWELL
82 Street Address (P.O. Box Number is Not Acceptable)
5801 S SABLE CIRCLE
83 MARGATE
84 City MARGATE FL 85 Zip Code 33063

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 *Nathan Barnswell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 1999

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME BARNSWELL, NATHAN
STREET ADDRESS 1890 NW 42ND TERRACE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE D
NAME BARNSWELL, PAULINE
STREET ADDRESS 1890 NW 42ND TERRACE
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5801 S SABLE CIRCLE
1.4 CITY-ST-ZIP MARGATE FL. 33063

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5801 S SABLE CIRCLE
2.4 CITY-ST-ZIP MARGATE FL. 33063

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

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: *Nathan Barnswell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE April 22, 1999

Daytime Phone #

Daytime Phone #

CR2E034 (1/198)