

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  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90038 015 \*\*\*150.00

DOCUMENT # P97000032639

1. Corporation Name

G.M. VENTURES, INC.

Principal Place of Business

Mailing Address

900 SW 49 TERR  
SUITE 302  
MARGATE FL 33068  
US

900 SW 49 TERR  
SUITE 302  
MARGATE FL 33068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0756504

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

21 900 S.W. 49th TERRACE

Suite, Apt. #, etc.

22 City & State

23 MARGATE, FLORIDA

Zip Country

24 33068

25 USA

2a. Mailing Address

26 900 S.W. 49th TERRACE

Suite, Apt. #, etc.

27 City & State

28 MARGATE, FLORIDA

Zip Country

29 33068

30 USA

9. Name and Address of Current Registered Agent

MEYERSON, GAYLE E.  
900 SW 49 TERR  
SUITE 302  
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

MEYERSON, GAYLE E.

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

900 S.W. 49th TERRACE

83

84 City

MARGATE

FL

85 Zip Code  
33068

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 GAYLE E. MEYERSON

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

*Gayle E. Meyerson*

(NOTE: Registered Agent signature required when reinstating)

DATE 3/29/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MYERSON, GAYLE  
STREET ADDRESS 900 SW 49 TERR  
CITY-ST-ZIP MARGATE FL 33309

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME MEYERSON, GAYLE E.  
1.3 STREET ADDRESS 900 S.W. 49th TERRACE  
1.4 CITY-ST-ZIP MARGATE, FL. 33068

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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: *Gayle E. Meyerson* GAYLE E. MEYERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99  
Date

(954) 972-7777  
Daytime Phone #

CR2E034 (1/98)