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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90193 045 ***150.00

718 543 535

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000038165

SIGNATURE: _

G M G VENTURES INC.

					•	_				
Principal Place	of Business	Mailing Ad	Idress					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
485 HARBOR D	RS	485 HARBO								
INDIAN ROCKS BEACH FL 33785			CKS BEACH FL	33785			DO NOT WRITE IN TI	HIS SPACE		
US		US					3. Date Incorporated or Qualifed	110 01 1102		
				-	•.		04/28/1997			
2 Principal D	ace of Business	2a. Mailing	Address				4. FEI Number	Apr	plied For	
	ace of business	26	, Addidas				59-3443659		t Applicable	
Suite, Apt.	# etc		Apt. #, etc.					\$8.75 A		
22	н, ото.	27	, , , , , , , , , , , , , , , , , , , 		•		5. Certificate of Status Desired	Fee Re	l l	
City & State	· · · · · · · · · · · · · · · · · · ·	City &	State	_			6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added to		
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year	Intangible		
24	25	29		30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	t Registered A	gent	·			10. Name and Address of New Register	ed Agent		
					81	Name				
	IORY, GEORGE M				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
485 HARBOR DR S					"	Olicet Addic	is (1.0. dox realises to real soop asset)			
INDIA	AN ROCKS BEACH FL 33785				83				_	
						0 "		85 Zip C	`ade	
					84	City	F	EL 85 Zip C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Pursuant	to the provisions of Sections 607,0502	2 and 607-1508	Florida Statut	es, the a	bova-r	named corpo	ration submits this statement for the purpose	of changing its	registered ====	-
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	or Fiorida. Such	i cnange was a	urnorized	J DV UN	e corporation	n's board of directors. I hereby accept the ap	pomment as reg	gistered	
=	Tilliana With, and docopt and obligan	0., 000							-	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable	e. (NOTE	Registered	Agent si	signature required	when reinstating) DATE			ć
12.	OFFICERS ANI	D DIRECTORS	3	13.			ADDITIONS/CHANGES TO OFFICERS			9
TITLE	P		□ DELETE	1.5 TI	TLE	,		Change		7
NAME	GOMORY, GEORGE M.							C) ournings	Addition	
STREET ADDRESS	485 HARBOR DR S			1.2 N	AME			Onunge	Addition	3
OTT 07 71D	100 INTERPRETATION				AME TREET AL	DORESS		· ·	Addition	7001
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 3378	85		1.3 \$7			9. V ~			LOC LOCA
TITLE		85	☐ DELETE	1.3 \$7	TREET AL		9. V +	Change	Addition	10000
		85	☐ DELETE	1.3 ST	TREET AL ITY-ST-Z TLE		<u> </u>			יים מונים מים
TITLE		85	DELETE	1.3 \$1 1.4 CI 2.1 TI 2.2 No	TREET AL ITY-ST-Z TLE	ZIP	<u>L</u>			10000
TITLE NAME		85	DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TREET AL ITY-ST-Z TLE AME 2	ZIP DORESS	<u>L</u>	☐ Change	Addition	10000
TITLE NAME STREET ADDRESS		85	□ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TREET AL TLE AME = TREET AL CITY-ST-	ZIP DORESS	<u></u>			100100
TITLE NAME STREET ADDRESS CITY-ST-ZIP		85		1.3 ST 1.4 Cl 2.1 Tl 2.2 Nv 2.3 ST 2.4 C	TREET AL TY-ST-2 TLE AME = TREET AL CITY-ST-1 TLE	ZIP DORESS		☐ Change	Addition	10000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		85		1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	TREET AU TY-ST-Z TLE AME TREET AU TREET AU TLE AME	ZIP DORESS		☐ Change	Addition	יייייייייייייייייייייייייייייייייייייי
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		85	☐ DELETE	1.3 ST 1.4 CI 2.1 TT 2.2 N/V 2.3 ST 2.4 C 3.1 TT 3.2 N/V 3.3 ST 3.4 CC 4.1 TT 4.2 N/V 4.3 ST 4.4 CI 5.1 TT 5.2 N/V 5.3 ST	TREET ALL TREET	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		☐ Change ☐ Change	Addition Addition	7001000
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		85	DELETE DELETE	1.3 ST 1.4 CU 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI 4.2 NV 4.3 S' 4.4 CU 5.1 TI 5.2 NV 5.3 ST 5.4 CU 5.5 ST 5.5 ST	TREET AL TITY-ST-Z TREET AL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		☐ Change ☐ Change ☐ Change	Addition Addition 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 agricular 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 accurate my an address with all other like empowered.