


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

FILED
Aug 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000043830 (3)

1. Corporation Name
GILA CORPORATION

Principal Place of Business
11300 U.S. HWY ONE
SUITE 203
NORTH PALM BEACH FL 33408-3208

Mailing Address
11300 U.S. HWY ONE
SUITE 203
NORTH PALM BEACH FL 33408-3208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0753613	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
b. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KOBBE, WERNER H	1.2 NAME	
STREET ADDRESS	11300 U.S. HWY ONE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408-3208	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	GOODE, BARBARA G	2.2 NAME	
STREET ADDRESS	11300 U.S. HWY ONE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408-3208	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 attachment with an address.

SIGNATURE:

W. Kobbe, President (Kobbe)

7/21/98 761-753-5446

CR2E034 (10/97)

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1

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # <u>PA7000107187</u>
1. Corporation Name Penbar, Inc. 2555 N.E. 202nd Street North Miami Beach, Florida 33180
Principal Place of Business: Same as above
Mailing Address: Same as above

2. Principal Place of Business	2a. Mailing Address
21. See 1. above	26. See 1. above
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified Dec. 11, 1997	
4. FEI Number 65-0436286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
Peni Kangas 2555 N.E. 202nd Street North Miami Beach, Florida 33180	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
FL	

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: **Peni Kangas** *Peni Kangas 7/22/98* (DATE: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Peni Kangas
STREET ADDRESS	2555 N.E. 202nd Street
CITY- ST- ZIP	North Miami Beach, FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	John R. Barrett
STREET ADDRESS	2555 N.E. 202nd Street
CITY- ST- ZIP	North Miami Beach, FL 33180
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I hereby certify that the information provided herein 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 registered or master empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I understand that an affidavit is not required.

SIGNATURE: *[Signature]* **305-233-4234** **6/29/98** **000002612480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)

2

PENBAR, Inc.

Peni Kangas,
Chairman
2555 N.E. 202 Street
North Miami Beach, Florida 33180 U.S.A.

Telephone (305) 931-6482
Fax (305) 931-6672

July 30, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Penbar, Inc.

Dear Sir:

Enclosed please find Annual Report for subject corporation and a check in the amount of \$150.00 representing the filing fee.

Penbar, Inc. was incorporated by the Secretary of State on December 11, 1997. We were told that we would be notified when any filings were due. No such notification of an Annual Report was ever received.

We recently learned that an Annual Report must be filed even though there has been no activity in the corporation and even though we received no notification.

We request, therefore, in view of this lack of notification that the Department of State waive any late fees and accept this Annual Report filing.

Thank you for your consideration and cooperation in this matter.

Very truly yours,



John R. Barrett
Director