Mar 03, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700048404

1. Corporation Name

GDL CO	RP.									
Principal Place	e of Business	Ma	alling Address		· · · · · · · · · · · · · · · · · · ·			OBIL BRILL BRILL OF	ili aalil oleet lelit	ELEKT BELLY BIEL TARI
Principal Place of Business Mailing Address 3101 N COUNTRY CLUB DR 3101 N COUNTRY CLUB DR STE #507 STE #507 AVENTURA FL 33180 AVENTURA FL 33180						DO NOT WRITE IN THIS SPACE				
US US					İ	3. Date Incorporated o	Qualifed			
							06/02/1997			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					65-0760707			Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	_			5. Certificate of Status	Desired [Į +	75 Additional e Required
City & Stat	ie –		City & State	-			6. Election Campaign I	inancing _	\$5.	00 May Be
23		28				Į	Trust Fund Contribu	-		led to Fees
Zip	Country		Zip	Countr	у		8. This corporation ow	es the current	year Intangible	
24	25	29		30		-	Personal Property T	ax.	☐ Yes	□No
	9. Name and Addres	s of Current Regist	tered Agent	<u> </u>			10. Name and Address	of New Regi	stered Agent	
			_	81	1 Name)				
	DMANN, GARY R I N COUNTRY CLUB D	R		82	2 Street	t Addres	s (P.O. Box Number is N	ot Acceptable)	
STE	#507			83	3					
AVEN	NTURA FL 33180									
				84					FL T	Zip Code
		nns 607 0502 and 60	37 1508. Florida Statut				ation sunmits this statem	ent for the bur	pose or changin	g its registered
office or r agent. I a	to the provisions of Section egistered agent, or both, imfammar with and accept	in the State of Florid ot the obligations of,	la. Such change was a Section 607.0505, Flo	utnorized by	y the corp	poration'	s board of directors. I he	reby accept th	e appointment a	is registered .
office or r	egistered/agent, or both, i	in the State of Florid of the obligations of, Ooldin	la. Such change was a Section 607.0505, Flo	utnorized by	y the corp s.	orazion V (I)	s board of directors. The	reby accept th	e appointment a	is registered .
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office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, im familiar with and accept agent with and accept of printed name of D TINSKY, LORRAINE	in the State of Florid of the obligations of, of Column of registered agent and title if FICERS AND DIRE	a. Such change was a Section 607.0505, Flo	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature	ooranon e required w	s board of directors. The	Z//S	DATE ERS AND DIRE Cha	CTORS IN 12
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: GARY GOLDMANN - Hair