## 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

## **DOCUMENT #** P97000054148 1. Corporation Name

GAKCO, INC.

Principal Place of Business

Mailing Address

2501 ESTELLA TERRACE PALM CITY FL 33990

PO BOX 1902 PALM CITY FL 34991

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90066 001 \*\*\*150.00



					DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifed			
	,					06/19/1997		1	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26				65-0792132		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional	
27						5. Certifcate of Status Desired	,	Required	
City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be	
28						Trust Fund Contribution			
Zip	Country Zip		Country			8. This corporation owes the current year	Intangible		
24	25	29	0			Personal Property Tax.		<b>Z</b> No	
	9. Name and Address of Current	( )	·			10. Name and Address of New Registers	ed Agent		
	4 4	8	Name						
PAINE, JEFFREY							·		
200 S AUSTRALIAN AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 120				83 19 U. 1994 1 189 1818 186 1818 1818 1818 1818 1818			01.236.0326.0320		
WEST PALM BEACH FL 33401							<b>基础设施</b> 的		
	, , , , and de lotte a do lot		8	4 City			85 Zir	Code	
<u> </u>	and the second second	sa a a a				<u> </u>			
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 of confidence of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered									
#,agent.ilia	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statute	s.	porduon	to board of directors. Filleropy decept the upp	John Million Lag	.og/storod	
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ag	ent signatu	re required v	when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PSD	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	Deggeller, Greg		1.2 NAME	:	ĺ				
STREET ADDRESS	2501 ESTELLA TERRACE	•	1.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	PALM CITY FL 33990		1.4 CfTY-	ST-ZIP					
TITLE	VTD	☐ DELETE	2.1 TITLE	**********			Change	Addition	
NAME	DEGGELLER, KELLY A		2.2 NAME	<u>:</u>					
STREET ADDRESS	ATOM FOTELLA TERRACE			2.3 STREET ADDRESS				Į	
CITY-ST-ZIP	PALM CITY FL 33990	الحوالية والمراجع الاراجاج	2. 4 CITY			•		ł	
TITLE	1	☐ DELETE	3.1 TITLE			* * * * * * * * * * * * * * * * * * * *	Change	Addition	
4.64	The same of the grant	•	3.2 NAME						
NAME	STAGSTRAFFICE							1	
STREET ADDRESS				ET ADORE	~	1997年			
CITY-ST-ZIP.	ACCOMPANY AND ACCOMPANY	□ nei ete	3.4. CITY		-		☐ Change	Addition	
TITLE		☐ DELETE .	4.1 TTTLE		1	- 00 g = 27 € 00 d		- ···• [] Addition	
NAME TOUT POTELLA	regularity ,		4. 2 NAMI		1			1	
STREET ADDRESS	型 <del>型</del> 模型 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	2000	4.3 STRE	ET ADDRE	SS	•		. [	
CITY-ST-ZIP			4.4 CiTY-			· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME	,	• •	5.2 NAME						
STREET ADDRESS	61,753		5.3 STRE	ET ADDRÉ	SS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE	WEAM SAME BING TO YOUR	☐ DELETE	6.1 TITLE				Change	Addition	
NAME ·	256 CRESC CREATE		6.2 NAME					}	
STREET ADDRESS	<b>PACE 43</b> 10 FL 394-55		6.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	VO		6.4 CITY-		1			-	
OH CONTAIN					ſ			l l	

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.

