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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000063122**1. Corporation Name

G TEN SERVICES INC.

Principal Place	e of Business 1	Ma	iling Address					I IMPIIANI IIN INII INNII NONII NONII NONII NONII	1611A 811AA 11	146 (444)	1010 1161 1061	
1355 NW 135TH	H ST	122	5 NE 124TH ST									
NORTH MIAMI FL 33167			APT 35-A					DO NOT WOITE IN THIS SDACE				
US NORTH MIAMI F				13161				DO NOT WRITE IN THIS SPACE				
		US						3. Date Incorporated or Qualifed				Ì
			14 70 A 14					07/21/1997 4. FEI Number	т	1 400	lied For	Ì
⊢	lace of Business	├	Mailing Address				1		ŀ		Applicable	┨
21		26	Cuito Ant # nto					65-0769851	C S		dditional	1
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Fee.Red		
City & State	<u> </u>	27:	City & State		-	2 <u>- 4 4 </u>		6. Election Campaign Financing		5.00 N		1
	.e	28	Ony a Clare					Trust Fund Contribution	•	Added to	-	
Zip	Country	20	Zip	Col	untry			8. This corporation owes the current year				1
	25	29	P	30	,			Personal Property Tax.	Y	es [Z No	
24	9. Name and Address of Cu		tered Agent	1301	1			10. Name and Address of New Registe	red Agen	t		1
	0. Hallo dila 7. da 1000 0. 0.				81	Name						1
HEN	iry, george t					.	A 1 1	(D.O. Day March as in New Assessments)				ł
1225	5 NE 124TH ST	•			82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)				
APT	35-A				83	_						1
NOR	RTH MIAMI FL 33161											1
					84	City		!	FI 85	Zip C	ode	
11 Purcuant	to the provisions of Sections 607	0502 and 60	07.1508. Florida Statu	ites, the a	bove	a-named (corpor	ation submits this statement for the purpos	e of chan	ging its r	egistered	1
office or re	registered agent or both in the S	tate of Florid	la. Such change was	authorize	d by i	the corpo	oration	's board of directors. I hereby accept the a	ppointmer	t as reg	istered	
agent. I a	m familiar with, and accept the o	bligations of,	Section 607.0505, FI	orida Sia	utes.	•						ĺ
A-A												
SIGNATURE	Stansture, typed or norted same of registers	d agent and title if	f anniicable. (NOT	E: Registere	d Agen	it signature re	equired w	when reinstating) DAT	Ĕ			١,
	Signature, typed or printed name of registere OFFICER		_ 	E: Registere		it signature re	equired w	when reinstating) ADDITIONS/CHANGES TO OFFICER		RECTOR	RS IN 12	
12.		d agent and title if S AND DIRE	_ 			t signature re	equired w		S AND DI	RECTOP Change	RS IN 12	
	OFFICER:		CTORS	13.		it signature re	equired w		S AND DI			27,70
12. TITLE NAME	OFFICER P HENRY, GEORGE T	S AND DIRE	CTORS	13. 1.1 T 1.2 N	ITLE IAME	n signature re	equired w		S AND DI			1007
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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

SIGNATURE: