## 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 # P9700067550

GVR CORPORATION

	dvii ddii diiinon			
	Principal Place of Business	Mailing Address		
	8118 TORTUGA LANE BOYNTON BEACH FL 33436	8118 TORTUGA LANE BOYNTON BEACH FL 33436		
			3. Date Incorpor 08/04/199	
1	2. Principal Place of Business	4. FEI Number 65-079030		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of	
	City & State	City & State	6. Election Cam Trust Fund C	
	Zip Country 24 25	Zip Country 29 30	8. This corporat Personal Pro	
	9. Name and Address of Current	10. Name and A		
	VITALE, RICHARD	81 Name		

## Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90070 027 \*\*\*158.75



			-			DO	<b>NOT WRIT</b>	E IN THIS	SPACE			
						3. Date Incorporated o 08/04/1997	r Qualifed			· · ·		
2 Dringing D	lace of Business	2a. Mailing Address	-			4. FEI Number		·····	An	plied For		
— ·	ace of business	<u> </u>			_	65-0790300				t Applicable		
21	<u> </u>	- 26				03 07 300 00		1 .	\$8.75 A			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status	Desired	<b>PE</b>	Fee Re			
City & State	e	City & State				6. Election Campaign I	Financing	П	\$5.00	May Be		
23		28				Trust Fund Contribu	tion -	Ш	Added to	o Fees		
Zip	Country	Zip	Zip Country 8.					8. This corporation owes the current year Intangible				
24	25	Personal Property Tax.										
=-1	9. Name and Address of Current	Registered Agent	<u> </u>			10. Name and Address	of New R	egistered /	Agent			
				81	Name							
VITALE, RICHARD					Street Address (P.O. Box Number is Not Acceptable)							
	B TORTUGA LANE INTON BEACH FL 33436											
וטם	HIGH BEAGHTE 90400		,	83		_,						
			-	84	City			FL	85 Zip C	Code		
44 Purcuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	es the ah	ove-	-named corpo	ration submits this statem	ent for the	ourpose of	changing its	registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was a	uthorized	by ti	he corporation	n's board of directors. I he	reby accep	t the appoir	itment as reg	gistered		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	· Danieterad /	Anent	signature required	when reinstation)		DATE				
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	-goil	agnetore required	ADDITIONS/CHANG	ES TO OFF		D DIRECTO	RS IN 12		
TITLE	DTP	DELETE	1.1 101	F		/ DOTTION OF THE WAY			☐ Change	Addition		
	VITALE, RICHARD							•		_		
OLIO TORTUGA LAND				1.2 NAME 1.3 STREET ADDRESS								
STREET ADDRESS												
CITY-ST-ZIP	BOYNTON BEACH FL 33436		1,4 CIT		-ZIP							
TITLE	VPS	☐ DELETE	2.1 TITI	LE					Change	Addition		
NAME	VITALE, EUGENE		2.2 NA	ME								
STREET ADDRESS	81.18 TORTUYA.LANE		2.3 STF	REET	ADDRESS	- ~ / <del></del> _				- [		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		2.4 CIT	TY-ST	r-ZIP							
TITLE	VP	☐ DELETE	3.1 TITL	LE					Change	☐ Addition		
NAME	VITALE, JEAN M	_	- 3.2 NAM	ME								
STREET ADDRESS	8118 TORTIGA LANE		3.3 STF	REET	ADDRESS			,				
CITY-ST-ZIP	BOYNTON BEACH FL 33436		3.4. C[T	TY-ST	r-zip		• .					
TITLE	VP	☐ DELETE	4.1 TITL	LE			•		Change	☐ Addition		
NAME	CULLEN, JAMES G		4,2 NA	ME		,						
STREET ADDRESS	72 CUSHING STREET		4.3 STE	REET	ADDRESS							
CITY-ST-ZIP	WALTHAM MA 02154		4.4 CIT									
TITLE		□ DELETE	5.1 TITL		-				Change	☐ Addition		
			5.2 NA						_ •			
NAME	·		· ·		ADDRESS		•					
STREET ADDRESS			5.4 CIT					•				
CITY-ST-ZIP	1		■ 5.4 UIT	1-51-	-ur		•					

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 an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

561-852-4236

☐ Addition