## 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 # **P97000081786**1. Corporation Name

G.I. BLUM, INC.

Principal Place of Business
-----------------------------

## **FILED** Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90005 021 \*\*\*150.00



	of Business ·	Mailing Address						
16244 \$ MILITA	RY TRAIL, SUITE 310	16244 S MILITARY TRAIL. SU	ITE 310					
DELRAY BEACH FL 33484		DELRAY BEACH FL 33484			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	77.00		1
					09/19/1997			
6 Principal D	and of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	r.
<del>-</del>	ace of Business	<u> </u>			65-0790108	<u> </u>	t Applicable	
21	#	Suite, Apt. #, etc.				\$8.75 A		. 4
Suite, Apt.	#, etc.	<b>├</b> ─			5. Certifcate of Status Desired	Fee Re		
(2)		City & State			6. Election Campaign Financing	\$5.00	May Bo	1
City & State		<del></del>			Trust Fund Contribution	Added to	-	ł
Zip Country		Zip Country		8. This corporation owes the current ye				
¬-''.		29 30		Personal Property Tax.				
24	9. Name and Address of Curren		-		10. Name and Address of New Regist	ered Agent		
	9. Maille and Address of Curren	it registeres Agent	8	1 Name				
RUI	M, MICHAEL L	,		_				-
	HARRINGTON DRIVE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			ł
	A RATON FL 33496		5	3			NO 9 1 (4)	1
500	A IMIGIT IE GOTOG			·				
			8	4 City	-	85 Zip C	Code	
<u>محمول و ما محمول</u>	e president and a second				tion ask mite this etatement for the purpo	se of changing its	registered	1
LOFFICO OF P	orietored agent or both in the State	of Florida. Such change was auti	nonzea :	ov the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as re	gistered	ĺ
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statut	es.	ده کردنگر کار مسرد ده کردنگر کار مسرد	ERROR		
SIGNATURE	****	COPEROR				ERROR		١ _
	Signature, typed or printed name of registered age	nt and title if applicable! (NOTE: R		gent signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	034/11/98)
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO GITTOEF	☐ Change	Addition	1 🗦
TITLE	D	□ pereir					_	7.7
NAME	BLUM, MICHAEL L							1 6
			1.2 NAM	1	•			ļĢ
STREET ADDRESS	3180 HARRINGTON DRIVE		1.3 STR	ET ADORESS	· •			OHC.
STREET ADDRESS CITY-ST-ZIP		Florist	1.3 STRI 1.4 CITY	ET ADORESS	· •	□ Change	☐ Addition	CROFO
	3180 HARRINGTON DRIVE	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITU	EET ADORESS - ST-ZIP	•	☐ Change	Addition	CROED
CITY-ST-ZIP	3180 HARRINGTON DRIVE	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM	EET ADORESS -ST-ZIP E	•	☐ Change	Addition	CROEO
CITY-ST-ZIP TITLE	3180 HARRINGTON DRIVE	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	EET ADORESS -ST-ZIP E E EET ADDRESS	•	☐ Change	☐ Addition	CRZEO
CITY-ST-ZIP TITLE NAME	3180 HARRINGTON DRIVE	200 A	1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT	EET ADORESS -ST-ZIP E E E ECT ADDRESS (-ST-ZIP Å				CROED
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3180 HARRINGTON DRIVE	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	EET ADORESS -ST-ZIP E E E ECT ADDRESS (-ST-ZIP Å	•	☐ Change	☐ Addition	CROED
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3180 HARRINGTON DRIVE	200 A	1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP ^	•			CB2E0
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3180 HARRINGTON DRIVE	200 A	1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP ^				CROED
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3180 HARRINGTON DRIVE	200 A	1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STR	EET ADDRESS -ST-ZIP E E E ECT ADDRESS (-ST-ZIP ^ E		☐ Change	☐ Addition	CROED
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3180 HARRINGTON DRIVE	200 A	1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STR	EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP ^ E E EET ADDRESS (-ST-ZIP ^ C				CROEC
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3180 HARRINGTON DRIVE	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP ^ E E EET ADDRESS (-ST-ZIP E ET ADDRESS		☐ Change	☐ Addition	CROEC
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITLI 4.2 NAM	EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP ^ E E EET ADDRESS (-ST-ZIP E ET ADDRESS		☐ Change	☐ Addition	CROEG
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	EET ADDRESS  -ST-ZIP  E  E  EET ADDRESS  /-ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E		☐ Change	☐ Addition	CBSEG
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	EET ADDRESS  -ST-ZIP  E  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  ME  EET ADDRESS  -ST-ZIP		☐ Change	☐ Addition	CROEG
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITN	EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP ^ E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change	☐ Addition	CROEC
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP ^ E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change	☐ Addition	CROE
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	EET ADDRESS  -ST-ZIP  E  E  EET ADDRESS  (-ST-ZIP \(^{\text{ADDRESS}}\)  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS		☐ Change	☐ Addition	CROE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3180 HARRINGTON DRIVE BOCA RATON FL 33496	DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	EET ADDRESS  -ST-ZIP  E  E  EET ADDRESS  (-ST-ZIP  E  EET ADDRESS  (-ST-ZIP		☐ Change	☐ Addition	CROE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3180 HARRINGTON DRIVE BOCA RATON FL 33496	☐ DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CITY 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY	EET ADDRESS -ST-ZIP  E EET ADDRESS (-ST-ZIP \(^{\text{ADDRESS}}\)  E EET ADDRESS (-ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change ☐ Change	Addition  Addition	CROE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	3180 HARRINGTON DRIVE BOCA RATON FL 33496	DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	EET ADDRESS -ST-ZIP  E E EET ADDRESS (-ST-ZIP \(^{\text{ADDRESS}}\)  E EET ADDRESS (-ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS		☐ Change ☐ Change	Addition  Addition	CROE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3180 HARRINGTON DRIVE BOCA RATON FL 33496	DELETE	1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITLL 3.2 NAM 3.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STRI 6.3 STRI	EET ADDRESS -ST-ZIP  E EET ADDRESS (-ST-ZIP \(^{\text{ADDRESS}}\)  E EET ADDRESS (-ST-ZIP E AE EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change ☐ Change	Addition  Addition	CROE

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.