PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100284

1. Corporation Name

GATORSKTCH, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90005 016 ***158.75



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Principal Place	e of Rusiness	Mailing Address				\dashv	(88) 10)	Bill IOON OBIL O	NIEL ORION ISO	i koni odalo irdo	1811 1181 1681
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CLERMONT FL 34711		CLERMONT FL 34711			- 1						
								DO NOT WR		S SPACE	
						;	3. Date Incorporate	d or Qualifed			
			_				11/24/1997				
2. Principal P	lace of Business	2a. Mailing Address	•			\	4. FEI Number			<u> </u>	polied For
21		26					59-3476652	_			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			;	5. Certifcate of Star	tus Desired	X	¥	Additional equired
City & State		City & State	_	_			S. Et-stine Commoi	- Cinnanian			May Be
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Zip	Country	Zip	Co	ountry			8. This corporation	_	rent vear li		35
24	25	29	30	•			Personal Proper			Yes	∑ No
	9. Name and Address of Currer			\neg		1	0. Name and Add	ess of New	Registere	d Agent	
				81	Name	1					
	TEK, DAVID K			82	Street A	 Δddress	(P.O. Box Number	is Not Accept	able)		
	FRANKLIN AVE.				Cuocii	(50.000	(1.0. Don 11011100)				
ALTA	AMONTE SPRINGS FL 32714			83							}
				84	City			_		. 85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida :	Statutes, the a	above t vd he	-named o	corporati tration's	ion submits this sta board of directors.	tement for the I hereby acce	e purpose on the app	of changing its pintment as re	registered
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office or r agent. I a	m familiar with, and accept the obliga	itions of, Section 607.050)5, Florida Sta	atutes.	JO. PO						
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agent. I a SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable.)5, Florida Sta (NOTE: Registere	atutes. ed Agent			en reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		DPS 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 opporation or the opening on the eccivity of the endowed the endowed the endowed the endowed that my name appears in Block 12 or Block 13 if changes on an attachment with an address, with all other like empowered.

SIGNATURE:

POSER A. PIERCE