**PROFIT CORPORATION** ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # POROCOL11727

## **FILED** Feb 17, 1999 8:00 am Secretary of State 02-17-1999 90068 039 \*\*\*150.00

1. Corporatio	on Name				
GANE N	IINE INC		1	605372 - 9000	6-19 "
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					) )/DBH /SBIS 2003D //BB ( 1001 )BB (
					1    <b>           </b>
Principal Plac	e of Business	Malling Address	ļ '	1.	
3231 PINEHUR	ST DR.	3231 PINEHURST DR.			•
LAKE WORTH		LAKE WORTH FL 33467			
		, * • • •		DO NOT WRITE IN THI	SSPACE
		•		3. Date Incorporated or Qualifed	Í
				02/05/1998	·
2. Principal P	lace of Business	2a. Malling Address		4. FEI Number	Applied For
		26		65-0016322	Not Applicable
Suite, Apt.	# 010	Suite, Apt. #, etc.			\$8.75 Additional
	. #, <del>e</del> .c.	<del> </del>		5. Certificate of Status Desired	Fee Required
22		27			
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25		30	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of C	current Registered Agent		10. Name and Address of New Registered	Agent
		P.八起(木) 人也走 (1997)	81 Name	•	. 1
	icia, alfredo		82 Street Ad	idress (P.O. Box Number is Not Acceptable)	
323	i pinehurst dr.		02 3000t AC	suless (P.O. Box (40))box is 1401 Passepasso)	
LAK	E WORTH FL 33467		83	1. 10 (A. L. 2) 对 (A. 新闻集团)	19 -0173 1741 175 15
			11	(1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	用物品的 MF 等用的信息
	• •		84 City	E1	85 Zip Code
	•	• •			
MARK IS ARTHUR.					f changing its registered
11. Pursuant	to the provisions of Sections 60	07.0502 and 507.1508, Florida Statute State of Florida, Such change was au	s, the above-named co	progration submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	f changing its registered intment as registered
11. Pursuant office of r	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida Statute State of Florida. Such change was au obligations of, Section 607.0505, Flor	s, the above-named controlized by the corporated Statutes.	proration submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the appointment	f changing its registered intreent as registered
				orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its registered intreent as registered
11. Pursuant office of a agent. I a SIGNATURE	Signature, typed or printed name of registe	and agent and title if applicable. (NOTE:	Registered Agent signature requ	ured when reinstating) DATE	
	Signature, typed or printed name of registe	red agent and title if applicable. (NOTE: RS AND DIRECTORS	Ragistured Agent signature requ	·	
SIGNATURE	Signature, typed or printed name of registe	and agent and title if applicable. (NOTE:	Registered Agent signature requ	ured when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registe OFFICEI	red agent and title if applicable. (NOTE: RS AND DIRECTORS	Ragistured Agent signature requ	ured when reinstating) DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of register OFFICER PTD GARCIA, ALFREDO	rad agent and title if applicable. (NOTE: RS AND DIRECTORS	Registered Agent signature required 13.	ured when reinstating) DATE	
SIGNATURE  12. TITLE  NAME  STREET ADDRESS	Signature, typed or private name of register OFFICER PTD GARCIA, ALFREDO 3231 PINEHURST DR.	rad agent and title if applicable. (NOTE: RS AND DIRECTORS	Rapistured Agent algoriture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ured when reinstating) DATE	
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	Signature, typed or printed name of register OFFICES PTD GARCIA, ALFREDO 3231 PINEHURST DR. LAKE WORTH FL 33467	riid agent and tide if applicable. (NOTE: RS AND DIRECTORS DELETE	Rapistured Agent Lignature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZP	ured when reinstating) DATE	ND DIRECTORS IN 12
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I hereby certify that the information supplied with this filling 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 certify 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.