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 # P98000012554

GIRNUN & ASSOCIATES, INC.

,							
Principal Place of Business Mailing Address							
1114 FAIRFIELD MEADOWS DRIVE 1114 FAIRFIELD MEAU			IS DRIVE				
WESTON FL 33327		WESTON FL 33327	WESTON FL 33327			DO NOT WRITE IN THIS SPACE	
	•	•				3. Date incorporated or Qualifed	
						02/06/1998	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	plied For
21 26		<u>.</u>			<u> </u>	t Applicable	
Suite, Apt.	Suite, Apt. #, etc.					5. Certificate of Status Desired	-
22 27						5. Certificate of Status Desired Fee Re	
City & State City & State						6. Election Campaign Financing \$5.00	
23			7 0	- A		Trust Fund Contribution - Added	o Fees
				Country		8. This corporation owes the current year Intangible Personal Property Tax	□No
24	25		30			T Closina : Topoliy Taxi	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent	
GIRNUN, MERLE				۱"	Name		
1114 FAIRFIELD MEADOWS DRIVE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	1
WESTON FL 33327			}	-		_ <u></u>	-
ME	510N FL 33321		ļ	83			}
			ļ	84 City		FL 85 Zip	Code
11. Pursuani	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the ab	ove	-named corpo	ration submits this statement for the purpose of changing its	registered
office or	registered agent, or both; in the State of am familiar with, and accept the obligation	of Florida. Such change was au	ithorized	by t	he corporation	n's board of directors. I hereby accept the appointment as re	gistered
agent. 1 a	am taminai with, and accept the obligat	action our decider our cood, i lon	ida Olalu	103.			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered /	gent	signature required	when reinstating) DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITI	E		☐ Change	☐ Addition
NAME (%)	GÍRNUN, MERLE			ИE			
			1.3 STF	REET	ADDRESS		ł
CITY-ST-ZIP	WESTON FL 33327		1.4 CIT	Y-ST-	- ZIP		
TITLE		☐ DELETE	2.1 1111			☐ Change	☐ Addition
NAME.	23		2.2 NA	ME			
STREET ADDRESS			2.3 STF	REET.	ADDRESS		
	,		2.4 CIT		į.		Ì
TITLE (3.1 TITI		<u></u>	Change	☐ Addition
NAME	1	-	3.2 NA				
	,				ADDRESS		
STREET ADDRESS			3.4, CII				,
TITLE					1-211		Addition
		DELETE	4.1 TITI	LΕ		☐ Change	
NAME		☐ DELETE	4.1 TITI		ļ	☐ Change	
STREET ADDRESS		DELETE	4.1 TITI 4.2 NA	ME	ADDRESS	☐ Change	
CITY-ST-ZIP	5	DELETE	4.1 TITI 4.2 NA 4.3 STF	ME Reet	ADDRESS	☐ Change	Addison
TITLE	5		4.1 TITI 4.2 NA 4.3 STF 4.4 CIT	ME REET. Y-ST			
المصافد مان ويوان		DELETE	4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI	ME REET. Y-ST	-ZIP	☐ Change	Addition
NAME			4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA	ME REET. Y-ST LE	-ZIP		
STREET ADDRESS			4.1 TITT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITT 5.2 NA 5.3 STF	ME REET. Y-ST LE VIE	-ZIP		
STREET ADDRESS		DELETE	4.1 TITI 4. 2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA 5.3 STF 5.4 CIT	ME Y-ST LE VIE Y-ST Y-ST	-ZIP	☐ Change	☐ Addition
STREET ADDRESS			4.1 TITT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITT 5.2 NA 5.3 STF	ME REET. Y-ST LE VIE REET. Y-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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90087 050 ***150.00