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Hill

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000021350 1. Corporation Name G.C.P.T., INC.					
Principal Place of Business	Mailing Address				
26943 LOST WOODS CIRCLE BONITA SPRINGS FL 34135	26943 LOST WOODS CIRCLE BONITA SPRINGS FL 34135				

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Principal Ptace of Business Mailing Address										
26943 LOST WOODS CIRCLE 26943 LOST WOODS CIRCLE BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135					DO NOT WRI	TE IN THIS S	PACE			
							orated or Qualifed			
						03/06/19	98			
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	34973	12		optied For
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Suite,:Apt.	#, ofc	Suite A	ot. #. etc				Status Desired			Additional equired
2		27								
City & State	e	City & State				npaign Financing			May Be	
3		28		Coul	oto	Trust Fund				10 F663
Zip.	Country	Zip			in y	Personal Pr	ition owes the cun	eur Aear iurai	χηριο ΣίΥes	□No
4	25	29	3	100			Address of New I			
	9. Name and Address of Current	Kegistered Ag	lour.		81 Name-1	10. years and				
AMF	RILAWYER			ļ	l lin	omas	4412			
	ALMERIA AVENUE			1	82 Street Add	dress (P.O. Box Num	ber s Not Accept) (1000)	IRC	1.15
	AL GABLES FL 33134				83	1 <u>7.7 ~~</u>	· O · · · · · · · · · · · · · · · · · ·	<u> </u>		
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					84 City Bon	JUZN CA	c	FL	85 Zip	694<
11. Pursuant office or n	to the provisions of Sections 607.0502 registered and or both, in the State of	2 and 607,1508, of Florida, Such	Florida Statutes	, the at	bove-named cor by the corporal	poration submits this don's board of direct	ors, I hereby acce	pt the appoint	ment as re	gistered
	to the provisions of Sections 607.0502 registered agost, or both, in the State of the John of the Company of the obligation of the contract with an accept the obligations.				by the corporal	don's board of direct	rs. I hereby acce	the appoint	ment as re	gistered
SIGNATURE	Safature, typed or printed name of registered age	and title If applicable		legistered	bove-named cor i by the corporal ules.	tion's board of direct	7-3	DATE		
SIGNATURE	Systeme typed or printed name of registered and OFFICERS IN		(NOTE; R	legistered .	by the corporal	tion's board of direct	ors. I hereby accepted to the control of the contro	DATE FICERS AND		
SIGNATURE 12.	Seriables, typed or privide name of registered by OFFICERS (NI	and title If applicable		13.	by the corporatutes. Agent agneture requa	tion's board of direct	7-3	DATE FICERS AND	DIRECTO	ORS 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attackment with an address, with all other like empowered.

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