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 # P98000022611

1. Corporation Name

GFS INVESTMENTS, INC.

Principal Place of Business

Mailing Address

55 WESTON ROAD STE 319

55 WESTON ROAD STE 319

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90136 040 ***150.00



WESTON FL 33326 WESTON FL 33326	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	03/10/1998
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
27 2721 Oakbrook Manor 26 2721 Oakbrook M	2010 58-23805 1 Not Applicable
Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional
22 27	Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
Zip Country Zip Country A This corporation gwes the current year Intangible	
24 33332 25 115A 29 33332 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name TILLE ENELCTEIN	
EDELSTEIN, JULIUS	Street Address (P.O. Box Number is Not Acceptable)
55 WESTON HOAD SIE 319	
WESTON FL 33326 83	
84 (City 110(fm.) 85 Zip Code
	' WESIU() FL 33332_
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida Buch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	
SIGNATURE A19199	
Signature, typed or proceed name of registered agent and title if Applicable. (NOTE: Registered Agent sk	mature required when reinstating) DATE DATE
12: 12: 13: 13: OPFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME EDELSTEIN, JULIE 18 10 12 NAME	I WILL EDELGTEIN
STREET ADDRESS 55 WESTON ROAD STE 319	1 3-40 . 6-41/10148/31/ (//////////////////////////////////
CITY-ST-ZIP WESTON FL 33326	- 「なんない。」 「 ファファ/
TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAMÉ	
STREET ADDRESS 2.3 STREET AD	DRESS
CITY-ST-ZIP 2.4 CITY-ST-Z	P .
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	·
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CITY-ST-ZIP 3.4. CITY-ST-Z	
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CITY-ST-ZIP 44 CITY-ST-ZI	
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STREET ADDRESS	
CHT-SI-ZIP	Change Addition
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NAME.	DRESS .
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CITY-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.

SIGNATURE: