

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 2:03

DOCUMENT # P98000025333

1. Corporation Name  
GIBRALTAR INTERNATIONAL, INC.

Principal Place of Business  
1771 NORTH POWERLINE ROAD  
POMPANO BEACH FL 33069

Mailing Address  
1771 NORTH POWERLINE ROAD  
POMPANO BEACH FL 33069

REINSTATEMENT 99-00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1771 N. powerline Rd.  
Suite, Apt. #, etc.  
City & State  
POMPANO Bch, FL  
Zip  
33069  
Country  
25

2a. Mailing Address  
1771 N. powerline Rd.  
Suite, Apt. #, etc.  
City & State  
POMPANO BEACH, FL  
Zip  
33069  
Country  
30

3. Date incorporated or Qualified  
03/18/1998  
4. FEI Number  
65-0841241  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
5.00 May Be Added to Fees  
7. This corporation owes the current year  
Intangible Personal Property.  
Yes No

9. Name and Address of Current Registered Agent  
SCHULER, BRADLEY W ESQ.  
2900 UNIVERSITY DRIVE  
SUITE 64  
CORAL SPRINGS FL

10. Name and Address of New Registered Agent  
81 Name  
Jill Reeves  
82 Street Address (P.O. Box Number is Not Acceptable)  
1771 North powerline Road  
83  
84 City  
POMPANO BEACH FL  
85 Zip Code  
33069

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. Such 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  
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10/24/00

12. OFFICERS AND DIRECTORS	
TITLE	P REEVES, ROBBIE 1771 NORTH POWERLINE RD. POMPANO BEACH FL 33069 CITY-ST-ZIP
TITLE	VS BARTLETT, JOEL 1771 NORTH POWERLINE RD. POMPANO BEACH FL 33069 CITY-ST-ZIP
TITLE	T STERN, DAVID 1771 NORTH POWERLINE RD. POMPANO BEACH FL 33069 CITY-ST-ZIP
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	700003459297-5
1.3 STREET ADDRESS	-11/09/00-01097-005
1.4 CITY-ST-ZIP	***908.75 ***908.75
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: SIGNATURE REQUIRED 10/24/00 954-971-2677  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #