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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000038857

G.E. KASSAM, INC.

Principal Place of Business 2590 NW 112TH AVE Malling Address

2590 NW 112TH AVE CORAL SPRINGS FL 33065

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90005 002 ***150.00

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CONAL SPRINGS PL 33003		CONTRACT CON				DO NOT WRITE IN THIS SPACE						
						3. Date Incorpora						
						04/28/1998			$\overline{}$	LAnn	led For	1 i
= , '	Place of Business	2a. Mailing Address			1 - C 2				Applicable			
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired Fee Required					1	
City & Stat						6 Election Campaign Financing					<u> </u>	
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Zip	Country	Zip	Сош	ntry		a. This corporation		nt vear Intai				1
-		29	30			Personal Prope			Tres	. C]No	l
4	9. Name and Address of Current		1301			10. Name and Ad		egistered A	gent			ļ
	9. Hame and Address of Current	Kogateleo Agen		81	Name	10.		<u> </u>				Ι.
PIO1	trkowski, joel s ·	•	}	Щ								
	71ST STREET			82	Street Addres	s (P.O. Box Numbe	r is Not Accepta	ble)				
	MI BEACH FL 33141		,	83								•
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	•			84	City			FI	85	Zip Co	xde	
	to the provisions of Sections 607.0502	- 4 007 4500 First - Chat				ntion outmite this et	atoment for the		hanoir	od its re	oistered	(:
11. Pursuant	t to the provisions of Sections 607,0502 registered agent, or both, in the State of am familiar with, and accept the obligation	r and 607,1506, Florida Statu of Florida. Such change was a	es, wie ei uthorized	by th	e corporation	's board of directors	. I hereby accep	the appoint	ment	as regi	stered	€ :
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statu	utes.	•							li
SIGNATURE								DATE				_
	Signature, typed or printed name of registered agent			Agent s	ignature required w	ADDITIONS/CH	ANCER TO CE		CIPE	CTOR	S IN 12	88
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4. Thereby 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 enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

PURE REQUIRED TO SECURISE OF SIGNED OF SIGNED

3/27/21.

Daytime Phone #