## 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 # P98000052908

1. Corporation Name GDLL, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90014 042 \*\*\*150.00



						1 139113	<b>3</b> 1 -16 16161 1811 86		.	
Principal P ace of Business		Mailing Address								
5770 W. IRLO BRONSON MEMORIAL HWY.		5770 W. IRLO BRONSON MEMORIAL HWY. STATE ROAD 192. STE. 185								
STATE ROAD 192. STE. 185						DO NOT	MOITE IN THIS	SSPACE		
KISSIMMEE FL	34/49	KISSIMMEE FL 34749			3.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/05/1998				
2. Principa I Pl	lace of Business	2a. Mailing Address			4.	FEI Numbe				Applied For
· · · · · · · · · · · · · · · · · ·	W. Pine St.	26 8013 HOOK	CIR	صان		59-	35148	/3	1 +	Not Applicable
Suite Ant	# etc -	Suite, Apt. #, etc.							\$8.75	Additional
22 5	te# F.8	27		_	5.	Certifcate o	of Status Desire	ed 🗆 –	Fee i	Required
City & State		City & State	. جسم		6.	Election Ca	mpaign Financ	ing 🖂		<b>0</b> l√lay Be
23 OKL	ANDO FL-	28 ORLANDO	PL	_		Trust Fund	Contribution		Added	d to Fees
Zip	Country	Zip	Count	TY A AIC	8.		ation owes the	current year In		138 v.
3 <sub>24</sub>			0 01	<u> EANG</u>			roperty Tax.		☐ Yes	_ <b>X</b> No
	9. Name and Address of Current	Registered Agent		-T .:		Name and	Address of N	ew Registered	Agent	
DCN	NACHI CEODCE		8	11 Name	MAIL	RICE	DeNN	4011 i		ļ
	NAOUI, GEORGE	LINATV	1	Street	Address (P	P.O. Box Nur	nber is Not Acc	ceptable)		
	W. IRLO BRONSON MEMORIAL	пит.	L		8013	HUOH	e Ciec	le		
	TE ROAD 192, STE. 185		8	13						i
KiSS	SIMMEE FL 34749			4 City					85 Zig	n Code
				City C	ORLA,	NDO		Fl	_ ["] 3	2836
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abo	ve-named	Corporation	n submits thi	is statement for	the purpose o	f changing i	ts registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was aut	horized t	by the corpo	oration's bo	oard of direc	tors. I hereby a	iccept the appo	intment as	registered
	m familiar with, and a scept the obligat	ons of, Section 007.0303, F13/10	a Statut	" NA.	, , , , , , , , , , , , , , , , , , ,	00 11	<b>a</b> )	* *		ļ
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	Registered A	gent signature r	req lired when r	reinstating)	may	DATE		
12.	OFFICERS AND		13.				CHANGES TO	OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 T(TL)		T 🖈				Change	
NAME	DENNAOUI, GEORGE		1.2 NAM	F	MAG	URICE	DENNA	041		ļ
STREET ADDRESS 5770 W. IRLO BRONSON MEM. HWY., STE. 185			1.3 STREET ADDRESS		J Can .	3 HOOM	k Ciecli	e		ļ
	KISSIMMEE FL 34749	,	e.	ST-ZIP	OP	LANDA	O. FL .	32836		ļ
CITY-ST-ZIP	D	DELETE	2.1 TITL			- / / /	,,,,		[] Change	e Addition
	LEVINE, LAURAINE	<b>**</b>	2.2 NAM						_	
NAME	124 W. PINE ST., STE. F-8, BUF	GERS & MORE	a	EET ADDRESS						
STREET ADDRESS	ORLANDO FL 32801	ICENO A MONE	1		`					+
CITY-ST-ZIP	UNLANDO FL 32001	☐ DELETE	•	r-st-zip	+				[] Change	e Addition
TITLE		□ DELETE	3.1 TITL							
NAME			3.2 NAV							ļ
STREET ADDRESS			1	EET ADDRESS						ļ
CITY-ST-ZIP				/-ST-ZIP					Change	e
TITLE		☐ DELETE	4.1 TITL							∍ ∐Addi@U∏
NAME			4 2 NAM	Æ						
STREET ADDRI SS			43 STR	EET ADDRESS	<b>5</b>					
CITY-ST-ZIP			4.4 CITY	-ST-ZIP						
TITLE		☐ DELETE	5.1 TITL	E					Chang	e
NAME			5.2 NAM	Ε						
STREET ADDRESS			5.3 STR	EET ADDRESS	3					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 TITL	E					Chang	e
NAME			62 NAM	E						
STREET ADDRESS			6.3 STR	EET ADDRESS	;					
STREET ADDITION	i									

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 28/99 (407) 481-2088