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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90123 028 \*\*\*150.00

DOCUMENT # P98000053089

1. Corporation Name  
GORDON INVESCO, INC.

Principal Place of Business  
C/O JEROME L. WOLF, ESQUIRE  
450 EAST LAS OLAS BLVD. #800  
FORT LAUDERDALE FL 33301

Mailing Address  
C/O JEROME L. WOLF, ESQUIRE  
450 EAST LAS OLAS BLVD. #800  
FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1998

4. FEI Number  
65-0847767

Applied For  
Not Applicable

2. Principal Place of Business

21 c/o Jerome J. Wolf, Esq.

Suite, Apt. #, etc.

22 450 E. Las Olas Blvd., #950

City & State

23 Ft. Lauderdale, FL

Zip Country

24 33301

2a. Mailing Address

26 c/o Jerome J. Wolf, Esq.

Suite, Apt. #, etc.

27 450 E. Las Olas Blvd., #950

City & State

28 Ft. Lauderdale, FL

Zip Country

29 33301

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CARELL, JAMES W

STREET ADDRESS 406 HORSESHOE LANE XXXX

CITY-ST-ZIP NASHVILLE TN 37216X

TITLE ☐ DELETE

NAME CORRECT ADDRESS:

STREET ADDRESS 4015 Travis Dr., Suite 200

CITY-ST-ZIP Nashville, TN 37211

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☐ Change ☒ Addition

1.2 NAME Carell, James W. Correct Address:

1.3 STREET ADDRESS 406 Horseshoe Lane 4015 Travis Dr.

1.4 CITY-ST-ZIP Nashville, TN 37076 Nashville 37211

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0278943