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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063809

1. Corporation Name

GCA INTERNATIONAL, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90053 041 ***158.75



Principal Place of Business Mailing Address 1813 GULE PUD. STE E REDINGTON SHORES FL 33708 1813 GULE PUD. STE E REDINGTON SHORES FL 33708 1813 GULE PUD. STE E REDINGTON SHORES FL 33708 1813 GULE PUD. STE E REDINGTON SHORES FL 33708 1813 GULE PUD. STE E REDINGTON SHORES FL 33708 1813 GULE PUD. STE E REDINGTON SHORES FL 33708 1813 GULF BUVD. STE E REDI									i 3 ii) i 1 ii) i 1 ii) i 1 ii) i 1 ii) i 1 ii) i		
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9. Name and Address of Current Registered Agent BOHREN, JOSEPH F II 18131 GULF BLVD., STE. E REDINGTON SHORES FL 33708 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 1.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Change Addition Addition Change Addition	Zip	Country	Zip	Zip Cour							ا مد
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CfTY-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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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