FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GANDOLFF INVESTMENTS, INC.



DOCUMENT # P98000065591

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-06-1999 90060 016 ***150.00

 	

Principal Place of Business Mailing Address						-		ALDUN DILUK ULLI	(O 1918) 119) 188)	
146 S. WASHINGTON DRIVE 146 S. WASHINGTON DRIVE SARASOTA FL 34236 SARASOTA FL 34236		N DRIVE								
			=			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed	TE IN THIS	SPACE	
							07/27/1998			}
2 Principal P	Place of Business	2a. Mailing Address					4. FEI Number		T A	pplied For
21 PHILOIPAI P	lace of Busiless	26	•				65-0852617			lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc	.c.							Additional
22	,	27					5. Certificate of Status Desired		Fee R	Required
City & Star	te	City & State					6. Election Campaign Financing		\$5.00) May Be
23		28				_	Trust Fund Contribution	<u></u>	Added	to Fees
Zip	Country	Zip	Co	untry	•		8. This corporation owes the curr			_
24	25	29	30				Personal Property Tax.		xx Yes	□No
	9. Name and Address of Curre	ent Registered Agent		1		——	10. Name and Address of New I	legistered /	Agent	
\A/IE	CMED IDA C ECO			81	Name	3				
	SNER, IRA S ESQ O SECOND STREET			82	Stree	t Addre:	ress (P.O. Box Number is Not Acceptable)			
	TE 870			<u></u>						
	IASOTA FL 34236			83						
Oni	1001A 1 E 01200			84	City			FI	85 Zip	Code
			<u> </u>	Ļ	<u> </u>		C. I bashi as a second	<u>FL</u>	ah anging it	n registered
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida. Such change	was authorize	ed by	the cor	a corpor poration	ration submits this statement for the i's board of directors. I hereby accep	ot the appoin	ntment as n	egistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.050)5, Florida Sta	tutes	i.					
SIGNATURE			MOTE &					DATE		
12.	Signature, typed or printed name of registered ag	AND DIRECTORS	(NOTE: Registere		it signature) required v	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	D	DELE		MLE		\top			Change	
NAME	GALSTON, REUBEN M	_		VAME						
STREET ADDRESS	146 S. WASHINGTON DRIVE		1.33	STREE	T ADDRES	s				
CITY-ST-ZIP	SARASOTA FL 34236			CITY-S						ļ
TITLE		☐ DELE		IITLE					Change	☐ Addition
NAME			2.21	VAME						
STREET ADDRESS			2.3	STREE	T ADDRES	s				
CITY-ST-ZIP			2.4	CITY-S	ST-ZIP					
TITLE		☐ DELE	TE 3.1	TITLE		T			Change	Addition
NAME			3.21	NAME		1				ļ
STREET ADORESS			3.3 9	STREE	T ADDRES	s				
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP					
TITLE		☐ DELE	TE 4,1	TITLE					Change	Addition
NAME			4.2	NAME						
STREET ADDRESS			4.3	STREE	T ADDRES	s				
CITY-ST-ZIP				CITY-S	T-ZIP	 				*** A 4 PC
TITLE		☐ DELE		TITLE					☐ Change	Addition
NAME				NAME						}
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CITY-ST-ZIP				CITY-S	ı-ZIP				Change	Addition
TITLE		☐ DELE		TITLE					□ criainge	☐ Voningii
NAME .	1		2	NAME	T ABBRES					
STREET ADDRESS	.[6.3	SIKEE	TADDRES	١٥				

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 attemption with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR