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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000069104**

1. Corporation Name
GAYMART INTERNATIONAL INC.

Principal Place of Business	Mailing Address
611 S. PALM CANYON DR. PALM SPRINGS FL 92264	611 S. PALM CANYON DR. PALM SPRINGS FL 92264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1998

2. Principal Place of Business	2a. Mailing Address
21 611 S. PALM CANYON DR.	26 611 S. PALM CANYON DR
Suite, Apt. #, etc. 22 #7318	Suite, Apt. #, etc. 27 #7318
City & State 23 PALM SPRINGS, CA	City & State 28 PALM SPRINGS, CA
Zip 24 92264 Country 25 USA	Zip 29 92264 Country 30 USA

4. FEI Number: 65-0893041 ☐ Applied For ☐ Not Applicable

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: TIM FOUTCH
82 Street Address (P.O. Box Number is Not Acceptable): 2240 WILTON DR. #7318
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33305

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: TIM FOUTCH - PRESIDENT DATE: 5/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required for mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FOUTCH, TIM		1.2 NAME	
STREET ADDRESS	2240 WILTON DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AFTEBURY, CRAIG		2.2 NAME	
STREET ADDRESS	1160 E. EL ALAMEDA		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS CA 92262		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: CRAIG AFTEBURY 4/17/99 760 320-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #