



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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90040 034 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|
| DOCUMENT # P98000077635 | | | |
| 1. Corporation Name G.V.G.V.L, INC. | | | |
| Principal Place of Business 212 N FEDERAL HIGHWAY DANIA FL 33004 | | Mailing Address 212 N FEDERAL HIGHWAY DANIA FL 33004 | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business | | 3. Date Incorporated or Qualified 09/02/1998 | |
| 21 | | 4. FEI Number 65-0863043 | |
| Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip Country | | 24 | |
| 25 | | 29 | |
| Country | | 30 | |
| 9. Name and Address of Current Registered Agent APA, GIUSEPPE 212 N FEDERAL HIGHWAY DANIA FL 33004 | | 10. Name and Address of New Registered Agent 81 Name LORI DANIELSON 82 Street Address (P.O. Box Number is Not Acceptable) 83 8740 NW 19th STREET 84 City CORAL SPRINGS FL 85 Zip Code 33071 | |
| 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 <input checked="" type="checkbox"/> Lori Danielson (NOTE: Registered Agent signature required when reinstating) DATE 1/1999 | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D NAME APA, GIUSEPPE STREET ADDRESS 212 N FEDERAL HIGHWAY CITY-ST-ZIP DANIA FL 33004 | | 1.1 TITLE D/P 1.2 NAME LORI DANIELSON 1.3 STREET ADDRESS 8740 NW 19th STREET 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071 | |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, and an attachment with an address, with all other like empowered.

SIGNATURE:  LORI DANIELSON
Date 1/1999 934-344-6221
Daytime Phone #