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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000084238**1. Corporation Name

GB CAPITAL COPORATION

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90006 010 ***150.00



Principal Place	of Business	Mailing Address			I 10041005 IEO COLON SOCIA CONTRA CON
5364 EHRLICH I TAMPA FL 3362		5364 EHRLICH ROAD. #163 TAMPA FL 33624			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					09/29/1998
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State	. ·	City & State			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
LA OL	CON MADY		81	Name)	Kenneth G. A vsenant, Jr.
JACKSON, MARK			82	Street A	Address (P.O. Box Number is Not Acceptable)
	EHRLICH ROAD, #163 Pa Fl 33624		83	102	25 Ulmenton Rd #2
I Alvii	FA FL 33024		03	<u> </u>	
			84	1 4	-augo FL 85 Zip Code 3377(
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. Therefore the purpose of changing its registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.			13.	it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS F		1.1 TITLE		P, S, T Change Addition
NAME .	har to a home		1.2 NAME		Mark JACKSON,
STREET ADDRESS	MATE BATTS	/~_ I	1.3 STREE	T ADDRESS	5364 Erlich Rd 4163
CITY-ST-ZIP			1,4 CITY-S	T-ZIP	
TITLE		☐ DELETE :	2.1 TITLE		19 mpa Pl 3362 hange Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	TADDRESS	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	Change Addition
TITLE		_	3.1 TITLE		Change Addition
NAME			3.2 NAME	* + > > > > > > > > > > > > > > > > > >	
STREET ADDRESS				T ADDRESS	·
CITY-ST-ZIP TITLE			3.4. CITY-5 4.1 TITLE	51-ZIP	☐ Change ☐ Addition
NAME .			4. 2 NAME		
STREET ADDRESS				T ADDRESS	· · ·
CITY-ST-ZIP			4.4 CITY-S		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE			6.1 TITLE	Ţ	Change Addition
NAME	•		6.2 NAME	İ	j
CTDEET ADDDESS			6.3 STREE	TADDRESS	

6.4 CITY-ST-ZIP 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 proposal acchiment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS