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 # P98000086434 1. Corporation Name

FILED Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90016 030 ***550.00

JOHN J.	GIBBONS, INC.						
Principal Place	e of Business	Mailing Address			I ISBLIES: HE SAIS! ISIN SOUT SOUTH SOUTH	IST 1811A STILL DIES	
35 DAVISON AVENUE STOCKAWAY NY 11518 STOCKAWAY NY 11518					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/08/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Aı	pplied For
26		26	26		58-2420667	N	ot Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	¥	Additional
22		27	27		3. Certificate of Status Desired	Fee R	equired
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country	Zíp	Countr	у	8. This corporation owes the current year		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8	4 Norman	10. Name and Address of New Registere	a Agent	
UCDI	MAN DOUGE ECO		8	1 Name			
ll .	MAN, BRUCE ESQ.		82	2 Street A	ddress (P.O. Box Number is Not Acceptable)		
1404 E. BROWARD BOULEVARD SUITE 206							
			83	3			
FUR	T LAUDERDALE FL 33301		84	4 City		85 Zip	Code
				1	F		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	ve-named o	corporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the second statement for the purpose ration's board of directors.	of changing its pointment as re	s registered egistered
agent. I a	m familiar with, and accept the oblig	ations of Section 607.0505, Florid	da Statute	s.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	. /	
SIGNATURE		A roce Hern At and title if applicable. (NOTE: F	nen		6/2	1 199_	
	Signature, typed or primes base of registered age	ent and title if applicable. (NOTE: F	Janieterod Age	ent signature re	quired when reinstating) DATE		
	05510500					AND DIRECTO	ORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD		13. 1.1 TITLE			AND DIRECTO	ORS IN 12
TITLE NAME	PTD GIBBONS, JOHN J	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	:			
TITLE NAME STREET ADDRESS	PTD GIBBONS, JOHN J 35 DAVISON AVENUE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS			
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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: