PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000099333

G. V. FAMILY, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90019 024 ***150.00

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Principal Place of Business	Mailing Address			(•
2999 NE 191ST STREET. STE 800	2999 NE 191ST STREET	. STE 800				,
2999 NE 19151 STREET. STE 800 2999 NE 19161 STREET. STE 800 AVENTURA FL 33180			DO NOT WRITE IN THIS	S SPACE		
					3 SFACE	
				3. Date incorporated or Qualifed		
				11/30/1998 4. FEI Number	Appl	lied For
2. Principal Place of Business	2a. Mailing Address			4. PELINUMBEI		Applicable
21	26			<u> </u>	\$8.75 Ad	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	Fee Requ	
22	27				\$5.00 N	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	Added to	
23	28					1000
Zip Country	Zip		untry	This corporation owes the current year In Personal Property Tax.	Yes [JNo
24 25	29	30	т —	10. Name and Address of New Registered		
9. Name and Address o	f Current Registered Agent		81 Name	10. Raille allu Address of New Augistoria		
OUTT IDA FOO			oi Name			
GUTT, IRA ESQ.	900		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
2999 NE 191ST STREET, STE	000					
AVENTURA FL 33180			83			
			84 City		85 Zip C	ode
				poration submits this statement for the purpose of		
Signature, typed or printed name of rec			d Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
SIGNATURE				od when reinstation) DATE		
	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE D	☐ DELE	Έ 1,1 T	ITTLE		☐ Change	Addition
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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: