## 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 # P98000102242 1. Corpora ion Name

G-1, INC.

Principal Place	of Business	Ma	Mailing Address										
801 GRANAEA BLVD			2801 GRANADA BLVD				1						
SISSIMMEE FL 34746			KISSIMMEE FL 34746						r	O NOT V	VRITE IN TH	S SPACE	
							3	3 Date t	corporate				
							'	12/04		<b>.</b>			
0.00			Mailing Address					12/04				T A	pp ied For
2. Principal Pi	ace of Business	— <u></u>	Walling Address				-		354790	15		<del></del>	ot Applicable
21)	<u> </u>		Suite, Apt. #, etc.						334730				Ac ditional
Suite, Apt. i	₹, <b>61</b> C.	-	Suite, Apt. #, etc.				5	5. Certifo	ate of Stat	us Desire	<b>:</b> 🗆	•	equired
City & S ate			City & State					Election	n Campaig	an Einanci	na	\$5.00	May Be
¬ '	•	28	ony a olalo				'		and Contr	-	a 🗆		to Fees
23   Zip	Country		Zip	Cou	ntrv						current year	ntangible	
<del>-</del>	25	29	<b>-</b> -	30	ĺ		`		al Propert		·· <b>,</b> ··	Yes	Mo
24	9. Name and Add es		stered Agent	1501					<del>-</del> -	,	w Registere	d Agent	
	o, realite dite rice of				81	Name							
SMITH	i, smitty				82					- NI-4 A			
3802 EHRLICH RD						Street	Adaress	(P.O. Bo	k Number i	IS NOT ACC	eptable)		
SUITE					83								
	A FL 33624												
					84	City					F		Code
11. Pursuant t	to the provisions of Secti	ons 607.0502 and 6	607.1508, Florida Stat	tu.es, the a	bove	e-named	corporati	ion subm	ts this stat	ement for	the purpose	of changing it	s registered
office or re	o the provisions of Sections o	in the State of Florid	da. Such chande was	autnorized	ı ov	the corpo	oration's	board of	cirectors. I	nereby a	ccept the app	omment as r	egrstered
	Training With, and acco	A	7									4/2	169 J
SIGNATURE	Signature, typed or printed name	of registered agent and title	if applicable. (NO	TI: Registered	Ager	it signature r	equ red whe				DATE		
12.		FFICERS AND DIRE		13.				ADDITI	CNS/CHAI	NGES TO	OFFICERS /		
TITLE			☐ DELETE	1.1 TI	ΠE		PRES	IDEN'	r, TRE	ASURE	R .	Change	Addition
NAME				1.2 N/	ME		DEAN	INA GI	RIMSHA	W			
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CITY-ST-ZIP				1.4 CI	TY-S	T-ZIP	KISS	IMME	E. FLO	RIDA	34746_		
TITLE			☐ DELETE	2.1 TI	TLE		l				RETARY	Change	Addition
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CITY-ST-ZIP				2.40	ITY-S	ST-ZIP	1				34746		
TITLE			☐ DELETE	3 1 Ti					- <del></del>	******	-01110	Change	☐ Addition
NAME				3.2 N	AME								
STREET ADDRESS				335	TREE	TADDRESS							
CITY-ST-ZIP				3.4.0	ITY-S	ST-ZIP							
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NAME						T ADDRESS							
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CITY-ST-ZIP				0.4 0		/1.7m	1						

SIGNATURE: X

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 recuired 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.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90200 015 \*\*\*150.00