## 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 # P98000102829

1. Corporation Name

GIRSON VACHT MANAGEMENT INC

alboort	TAOTT WANAGENERY, INC	<b>,.</b>									
Principal Plac	e of Business	Mailing	Address				1 1001000 (10 1010) 15111 50111 01	sii <b>40</b> 101 (1811 <b>48</b> 1	IN 11891 IN1E	1811 1881	
671 WEST IND	ST INDIANTOWN RO	AD									
OX 273. SUITE 56 BOX 273. SUITE 56											
UPITER FL 33458 JUPITER FL 33458								RITE IN THIS S	PACE		
							3. Date Incorporated or Qualife	1			
							12/10/1998				
Principal Place of Business     2a. Mailing Address							4. FEI Number - 65 - 0882110		<u> </u>	oplied For	
26							105-0882110		<del></del>	ot Applicable	
Suite, Apt	. #, etc.	<b>├</b> ─	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional equired	
22		27	<del></del>							<del></del>	
City & Sta	te	— <i>'</i>	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
23	<u> </u>	28 Tin	<del></del> _	Cou	ntn.					10 rees	
_ Zip ─	Country	Zip	٢	_	ıuy		8. This corporation owes the cu		ngible □Yes	Mνο	
24	25	29		30			Personal Property Tax.			XIVO	
	9. Name and Address of Currer	it Kegistered	Agent		81	Name	10. Name and Address of New	registered A	Agent	<del></del>	
ALACI	DII AWVED				"	HOINE				· ·	
AMERILAWYER					82	Street	ress (P.O. Box Number is Not Accep	(P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE											
CUR	AL GABLES FL 33134				83						
					84	City			85 Zip	Code	
						-		FL_	<u> </u>		
office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Su	uch change was au	thorized	bv 1	the corpo	on's board of directors, I hereby acc	ept the appoin	tment as re	egistered	
SIGNATORE	Signature, typed or printed name of registered age	nt and title if applic	able. (NOTE: I	Registered	Agent	t signature re	ed when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTO	<del></del>	13.			ADDITIONS/CHANGES TO O	FFICERS AND			
TITLE	PTD		☐ DELETE	1.1 TIT	Æ				Change	☐ Addition	
NAME	GIBSON, WILLIAM C			1.2 NA	ME						
STREET ADDRESS	6671 WEST INDIANTOWN ROA	D		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	JUPITER FL 33458			1.4 CF	TY-ST	r-zip					
TITLE	SVD		□ DELETE	2.1 717	Œ				Change	Addition	
NAME	GIBSON, ELIZABETH T			2.2 NA	ME						
STREET ADDRESS	6671 WEST INDIANTOWN ROA	D		- 2.3 ST	REET	ADDRESS	سيده منايد				
CITY-ST-ZIP	JUPITER FL 33458			2. 4 C	TY-\$	T-ZIP					
TITLE			☐ DELETE	3.1 TII	LΕ				Change	Addition	
NAME				3.2 NA	ME						
STREET ADDRESS	s			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI	TY-S'	T-ZIP			_		
TITLE			☐ DELETE	4.1 TII					☐ Change	Addition	
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	1			4.4 CF							
TITLE			☐ DELETE	5.1 TIT					Change	Addition	
NAME				5.2 NA		-					
STREET ADDRESS				1		ADDRESS	•				
				5.4 CI							
TITLE			☐ DELETE	6.1 TII					Change	Addition	
				6.2 NA							
NAME	}					ADDRESS					
STREET ADDRESS				6.4 CF							
CITY-ST-ZIP	1			D.4 C	11-51	1-ZIP					

CITY-\$T-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 on an attachment with an address, with all other like empowered.

561-315-4407

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90004 036 \*\*\*150.00