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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S39302 1. Corporation Name

SIGNATURE:

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90003 040 ***150.00

G. P. L.	AND K., INC.					. 61611 61611 61611 61		
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Principal Place	e of Business	Mailing Address			-{	8:8:1 01011 8:81 <u>:</u> 0	IEN BABAR ID o i	
3200 46TH AVE		3200 46TH AVE NORTH						
ST PETERSBURG FL 33714 ST PETERSBURG FL 33714			1		DO NOT WRITE IN TH	IS SPACE		
	•				3. Date Incorporated or Qualifed			
					03/18/1991			
2. Principal Pl	lace of Business	2a. Mailing Address	=	•	4. FEI Number		plied For	
21		26			59-3138912		t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		1
City & State	е	City & State		٠٠٠ . محمد	6. Election Campaign Financing	- \$5.00	May Be	,
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year			
24	25 29 30		30	1 crooker 1 openly text		□No		
	9. Name and Address of Curre	nt Registered Agent	8	Name	10. Name and Address of New Registere	d Agent		
	BEL, GREGORY P		82		ess (P.O. Box Number is Not Acceptable)			
l	46TH AVE NORTH		, [O C C C C C C C C C C C C C C C C C C C	335 (1 .O. DOX 114111251 II. (101 1 100 pt 1121)			
STP	PETERSBURG FL 33714		83	3				
		•	84	City		85 Zip C	Code	
44 Pursuant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statut	es, the above	/e-named corpo	pration submits this statement for the nurnose	of changing its	registered	
l office or r	registered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a	iutnorized by	/ the corporatio	n's board of directors. I hereby accept the app	ointment as rec	gistered	
Į	•						ſ	
SIGNATURE		4000	Desistered Ass	and allowed tree engineer	(when reinstating)		ì	_
	Signature, typed or printed name of registered age			ent signature required		AND DIRECTO	RS IN 12	(80)
12.	OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	13.	ant signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	11/98)
12.	OFFICERS AI	ND DIRECTORS	13.					34 (11/98)
12. TITLE NAME	OFFICERS AI DPT LOEBEL, GREGORY P	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME					E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AI DPT LOEBEL, GREGORY P 3200 46TH AVE NORTH	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS				D2E034 (11/98)
12. TITLE NAME	OFFICERS AI DPT LOEBEL, GREGORY P	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS ST-ZIP				CD2E034 (11/98)
12. TITLE NAME STREET ADORESS CITY-ST-ZIP	DPT LOEBEL, GREGORY P 3200 46TH AVE NORTH ST PETERSBURG FL S	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP		☐ Change	Addition	CD2E034 (11/98)
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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 en an attachment with an address, with all other like empowered.

LOEBEL