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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S60901

(3)

GILMAN GIRLS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
929 N MILLS AVE 928 N MILLS AVE ORLANDO FL 32803 ORLANDO FL 32803					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
Dringing Di	lace of Business	2a. Mailing Address	<u> </u>		06/17/1991 4. FEI Number	T	nlind For
2. Findiparri						Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3076482	60 7E	
27					5. Certificate of Status Desired	Fee Re	
City & State City & State			•		6. Election Campaign Financing	\$5.00	Mav Be
23		[28]			Trust Fund Contribution Added to Fees		
Zip	Country Zip C		_ Count	Country 8. This corporation owes or has paid the current year Intangible			
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
 	g, Name and Address of Cur	rent Registered Agent		1 Name	10. Name and Address of New Regi	stered Agent	
	MAN, NANCY		°	1 Name			
	N MILLS AVE		8	82 Street Address (P.O. Box Number is Not Acceptable)			
OR	LANDO FL 32803		8	3	· · · · · · · · · · · · · · · · · · ·		
			L				
			8	4 City		FL 85 Zip 9	Code
office or r	agistared agent or both in the St	ute of Florida. Such change was at	thorized I	hy the cornor	prporation submits this statement for the puration's board of directors. I hereby accept	pose of changing it the appointment as	s registered registered
agent. I a SIGNATURE	m familiar with, and accept the of	oligations of Section 607.0505, Flor	ida Statut	es.			
	Signature, typed or printed name of registered		_	gent signature rec	quired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change	S IN 12 Addition
TITLE			1.1 TITLE			☐ Change	☐ YOURON
NAME	GILMAN, NANCY 928 N MILLS AVE		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	ORLANDO FL		1.4 CITY				
CITY-ST-ZIP TITLE	ONDANDO I E	DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAM			_ ,	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	3.		3.4. CITY	- ST - ZIP			
TITLE	☐ DELETE 4		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	SE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	,	·	4.4 CITY	-ST-ZIP			- - - - -
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		F-1	5.4 CITY				1 1 2 200 -
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	portify that the information are = "-	d with this files does not availe, for	6.4 City		in Section 119.07(3)(i). Florida Statutes. I fu	other costify that the	information

Interest certify that the information stopping with this time does not qualify to the exemption stated in Section 1.19.07(3)(), Florida Statutes. Information indicated on this annual report or supplemental annual report is true and accurate and that my supplemental 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 all address.