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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$98041

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G.P.C. ENTERPRISES, INC.

FILED Feb 21 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address				r imbricato tia inibi ibiti desti albat scal ucest elbit atot albit albit albit albit albit albit albit albit			
7800 W. OAKLAND PARK BLVD. BLDG. G SUNRISE FL 33351		7800 W. OAKLAND PARK BLDG. G SUNRISE FL 33351-6741	7800 W. OAKLAND PARK BLVD. BLDG. G						
00111102 72						3. Date Incorporated or Qualified 12/03/1991		ate of Last Re 3/04/1996	eport
2. Principal F	Place of Business	2a. Mailing Address	<u></u>			4. FEI Number 65-0296545			oplied For of Applicab
Suite, Apt.	. #, etc.	Suite. Apt. #, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
City & Stal	te	City & State	City & State			Election Campaign Financing Trust Fund Contribution			
Zip	Country	Zip	Cou	ırıtry		8. This corporation has liability fo	r intangibl	e tax under s	
]	25		30			Florida Statutes	☐ Yes	No.	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F	egistered	Agent	
	JEAN, LAPIERRE			81	Name	a a			
	00 W OAKLAND PARK BLVD			82	Street Add	ress (P.O. Box Number is Not Accept	able)	**************************************	
	DG. G			Ш					
SU	NRISE FL 3351			83			,		
				84	City			85 Zip (Code
				~	Oily		FL	_	3000
IGNATURE 2.		d agent and little if applicable (NOT) AND DIRECTORS	E Registere	d Ager	nt eignature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTOR	S IN 12
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14. I do 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.

SIGNATURE

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

W PALLETIER

17/97 954

954-711-8802