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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # V10789**

1. Corporation Name

Principal Place of Business

G. & S. DEVELOPMENT CORP.

**FILED** Feb 06, 1999 8:00am **Secretary of State** 

02-06-1999 90010 002 \*\*\*150.00



224 W FLAGLER STREET 224 W FLAGLER STREET MIAMI FL 33130 MIAMI FL 33130 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/31/1992 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0348983 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Country Added to Fees Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent □No 10. Name and Address of New Registered Agent HANNON, SAMUEL J 224 W FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33130 83 84 City 85 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. IGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating): OFFICERS AND DIRECTORS 13. (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ٦F PD DELETE 1.1 TITLE HANNON, WILLIAM S. ME ☐ Change ☐ Addition 1.2 NAME REET ADDRESS 224 W. FLAGLER ST. **CR2E034** 1.3 STREET ADDRESS MIAMI FL Y-ST-ZIP 1.4 CITY-ST-ZIP lΕ ☐ DELETE 2.1 TITLE Change ИF ☐ Addition 2.2 NAME REETADORES 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP ☐ DELETE 47.5 3.1 TITLE Æ N ☐ Change Addition हर्ष केने हो है। इसला, राजर पुर 3.2 NAME EET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE - Change 4. 2 NAME EET ADORESS 4.3 STREET ADDRESS -ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 T/TLE Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME ET ADDRESS 6.3 STREET ADDRESS ST-ZIP 6.4 CITY-ST-ZIP

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 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. SNATURE: