# 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 # **V20266** 1. Corporation Name

GILBERT TAX SERVICE, INC.

# **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90043 028 \*\*\*150.00

GILDE!!!	1704 021111027 1110									
Principal Place	e of Business	Mailing Addres	iS				1 (88// 2)	***** **** ***** **	341 MIRIT RIBIT A	2/1 G1G1/ 100/
7330 SW 12 ST 7330 SW 12 ST										
MIAMI FL 33144 MIAMI FL 33144							DO NOT WRI	ITE IN THIS :	SPACE	
							Date Incorporated or Qualifed			
							03/09/1992			
2 Dining D	la as of Dusiness	2a. Mailing Add	droce				4. FEI Number		Apr	olied For
— ·	lace of Business	26	11033				65-0319049			Applicable
Suite, Apt.	# etc	Suite, Apt.	#. etc.						\$8.75 A	
	#, GtG.	27				5. Certifcate of Status Desired		Fee Re	I	
City & State	е		City & State				6. Election Campaign Financing		\$5.00	Vav Be
23	•	28					Trust Fund Contribution		Added to	
Zip	Country	Zip		Count	try		8. This corporation owes the curr	rent year Inta	ingible	}
24	25	29	3	0			Personal Property Tax.			□No
	9. Name and Address of Cui						10. Name and Address of New	Registered A	gent	
				8	B1	Name	-			
	alonga, Gilbert			la la	32	Street Addre	ss (P.O. Box Number is Not Accept	able)		
7330 SW 12 ST				" ا	52 Street Address (F.O. Box Number is Not Acc					
MIAN	VII FL 33144			8	В3			6 *		
				-	84	City			85 Zip C	ode
				1		,		F <u>L</u>		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Flo	rida Statutes	, the abo	ove-	named corpo	ration submits this statement for the	purpose of o	changing its	registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such cha digations of, Section 60	inge was auti 7.0505, Florid	norizea d la Statute	Dy≀⊓ ∶es.	ne corporation	's board of directors. I hereby acce	pr trie appoir	unerii as reg	Jistorea
SIGNATURE		•								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: R		gent s	signature required		DATE		
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
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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. CITY-ST-ZIP

SIGNATURE:

Date.

Daytime Phone #