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 # V25731

GEV ENTERPRISES, INC.

FILED
Jan 21, 1999 8:00am
Secretary of State



Principal Plac	ce of Business	Mailing Address			. , , , , , , , , , , , , , , , , , , ,			
7790 79TH AV	E th	7790 79TH AVE						
#G4 .	ş	#G4			1			
TAMARAC FL	33321	TAMARAC FL 33321			DO NOT WRIT	TE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed 03/30/1992			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ι.Α	pplied For
21		26			65-0332103		─	lot Applicable
Suite, Apt	# ata	Suite, Apt. #, etc.			03 0332 103			
	4	· - - - - - - - - - 			5. Certifcate of Status Desired			Additional Required
22	<u>tal (tal) </u>	27					ree F	equirea
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the curr	ent year Inta	ngible	
24	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	Registered A	Agent	
	19 Jan 19			31 Name				
VOC	ST, GILBERT E.							
	0 NW 79TH AVE G4		[1	32 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
	IARAC FL 33321				<u> </u>			3 45x 1191
IAN	MINO-FE 33321		1	33				\$ 11
	e e e e e e e e e e e e e e e e e e e		ļ.			<u> </u>	Tagl 3	25.55.75
			'	34 City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the ah	ove-named cor	poration submits this statement for the		banging it	s registered
office or	registered agent, or both, in the State	of Florida. Such change was au	uthorized I	by the corporat	tion's board of directors. I hereby accep	t the appoin	tment as r	egistered
agent: i a	im familiar with, and accept the obliga-	tions of, Section 607.0505, Flor	ida Statut	es.				J
SIGNATURE		<u> </u>			·			
	Signature, typed or printed name of registered agen				red when reinstating)	DATE		
12	Signature, typed or printed name of registered agen	D DIRECTORS	13.	gent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF			
	Signature, typed or printed name of registered agen OFFICERS AN			gent signature requir			DIRECT	ORS IN 12
12	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E.	D DIRECTORS	13.	gent signature requir				
12.	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E.	D DIRECTORS	13. 1.1 TITL 1.2 NAM	gent signature requir				
12. TITLE NAME STREET ADDRESS	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4	D DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STR	gent signature requir				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E.	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	gent signature requir E E EET ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4	D DIRECTORS	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITLE	gent signature requir				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4	D DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	gent signature requir			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	gent signature requir			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS	13. 1.1 TITLU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI	gent signature requir			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS	13. 1.1 TITLU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI	gent signature requir E E E EET ADDRESS -ST-ZIP E E EET ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI	gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS '-ST-ZIP E			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM	gent signature requir E E E E E E E T ADDRESS -ST-ZIP E E E E E T ADDRESS /-ST-ZIP E E			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	gent signature requir E E E E E E E T ADDRESS -ST-ZIP E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STR 3.4.CITY	gent signature requir E E E EET ADDRESS -ST-ZIP E EET ADDRESS /-ST-ZIP E E E ET ADDRESS -ST-ZIP			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	gent signature requir E E E EET ADDRESS -ST-ZIP E EET ADDRESS /-ST-ZIP E E E ET ADDRESS -ST-ZIP			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STR 3.4.CITY	gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E EET ADDRESS			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STR	gent signature requir			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY	gent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE	gent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	ADDITIONS/CHANGES TO OFF		☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E			☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	gent signature requir E E EET ADDRESS -ST-ZIP E E-ET ADDRESS -ST-ZIP E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.1	gent signature requir E E EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E E EST-ZIP E E E E-T-ZIP E E E-T-ZIP E E E-T-ZIP E E-T-ZIP E	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P VOGT, GILBERT E. 7790 NW 79 AVE.,UNIT G-4 TAMARAC FL	D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS -'-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	ADDITIONS/CHANGES TO OFF		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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.

CR2E034 (11/98)