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

**PROFIT** CORPORATION



FLORIDA DEFARTMENT OF STATE

## DOCUMENT #

Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 04-28-1999 90021 001 \*\*\*150.00 1. Corporation Name GGE ENTERPRISES IL INC

## Apr 28, 1999 8:00 am Secretary of State

G.G.F. ENTERFRISES II. INC.				
Principal f'lace of Business	Mailing Address			HELL BEREIT BEREIT BEREIT BEREIT FERRE
2676 US 1 SOUTH	2676 US 1 SOUTH			
ST AUGUSTINE FL 32086	ST AUGUSTINE FL 32086			
US	US		DO NOT WRITE IN THIS	SPACE
			3. Date incorporated or Qualifed	
			04/01/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apolied For
21	26		59-3 126385	No: Applicable
Suite, / pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Int	
24 25	2930	L	Personal Property Tax.	☐ Yes ☐ No
g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
		81 Name		
GRAUBARD, ROBERT M.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2676 US 1 SOUTH		0.000.77.10.		
ST AUGUSTINE FL 32086		83		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	Carl COT 1500 Florida Ctati ton	the obove named over		changing its registered
office or registered agent, or both, in the State	्र and 607.1508, Florida Statilles, ।¶ Florida. Şuch change was autho	orized by the corporation	on's board of directors. I hereby accept the appoint	ntment as registered
agent. I am familiar with, and accept the obligation	tons of, Section 607.0505, Florida	Statutes.	of positut a	1,-196
SIGNATURE NOW T	W C C C C C C C C C C C C C C C C C C C	m frauta		//3/./7
Signature, typed or printed no he of registered ager	in and title if applicable. (NOTE: Reg	pistered Agent signature req ire	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE SP	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS 40	☐ Change ☐ Addition
NAME GRAUBARD, ROBERT M.	_ DELETE	1.2 NAME		, _
ALT DOIDOR ATD		1.3 STREET ADDRESS		
AT 411011ATMIC 51				
CITY-ST-ZIP ST AUGUSTINE FL	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
CORRECTED WENNETH	(A)	2.1 MAME		<b>,</b>
445 500505 07				
= :		2.3 STREET ADDRESS		
CITY-ST-ZIP ST AUGUSTINE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
\ ···=	E OLLETE	3.1 TIFLE 3.2 NAME		
NAME GOGGINS, STEVE				
STREET ADDRESS 10750 HAMPTON RD		3.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FI.		3.4. CITY-ST-ZIP		Change Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATU TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

Addition

☐ Addition