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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90144 003 ***150.00

DOCUMENT # V50900 1. Corporation Name

GOE! III	idustrial ventures, in	IU.				1			
							KARLERI BIL	lli baba baba	
Principal Place	e of Business	Mailing Address				119911 911991 91111 99113 19111			
1361 AIRPORT ROAD NORTH 1361 AIRPORT ROAD NORTH			ГН						
NAPLES FL 33942 NAPLES FL 33942						DO NOT WRITE	IN THIS	SDACE	
						Date Incorporated or Qualifed	in iriis (JFACE	
						07/15/1992			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Па	pplied For
21	idos di Babinos	26				65-0354350			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired		Fee R	lequired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current			_
24	25		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		.1		10. Name and Address of New Reg	gistered A	gent	
ADM	OLD, DONALD L.		8	1 Name	•				
	I AIRPORT ROAD NORTH		8:	2 Stree	t Addres	ss (P.O. Box Number is Not Acceptable	e)		
l	LES FL 33942		-					•	
INAF	LES FL 33942		8:	3					
			84	4 City				85 Zip	Code
							<u>FL</u>		1
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida. Such change was a	es, the abor uthorized b	ve-name v the cor	d corpor poration	ration submits this statement for the pur's board of directors. I hereby accept t	urpose of c the appoin	manging it tment as r	s registered egistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statute	S.		. ,	• •		
SIGNATURE									
	Signature, typed or printed name of registered a								
40		<u></u>		ent signature	required v	when reinstating)	DATE CEDS AND	DIDECT	ODS IN 12
12.	OFFICERS A	AND DIRECTORS	13.		required v	when reinstating) ADDITIONS/CHANGES TO OFFICE			
TITLE	OFFICERS A	<u></u>	13. 1.1 TITLE		required v			D DIRECTO	
TITLE NAME	OFFICERS A ARNOLD, DEAN A.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME						
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I nereby certify that the information supplied with this filling 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 pan attachment with an address, with all other like empowered.

SIGNATURE:

COLURED EAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR