**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90014 044 \*\*\*150.00

## 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** 

DOCUI	MENT # <b>V52884</b>						
<ol> <li>Corporation</li> </ol>	n Name						
G.M. FEC	CHNOLOGIES (USA) INC				4 (00) (01) 01) 01) 01) 01) (01) (01) (01	ELEKI ELEK ELEKI EL	ON ONEN INDI
Principal Place	e of Business	Mailing Address			- C PARTY BITOR! BELLA LIBIOR LIBITAL AND LIBIT BIRIT BIRIT	11811 BIBN 81811 BI	811 84831 1881
5265 FAR OAK		POST OFFICE BOX 19318					
SARASOTA FL		SARASOTA FL 34238			DO NOT WOITE IN THE	COMOE	
US		US			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					07/23/1992		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26 5265 FA	1 0	AK CII	65-0347796	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22		27			3. Certificate of Status Desired	Fee Rec	uired
City & Stat	e	City & State	1	E/	6. Election Campaign Financing	\$5.00.	
23		28 SATIVALE 11	7, 7		Trust Fund Contribution	Added to	Fees
Zip	Country	- 24228 -	Country □	US	8. This corporation owes the current year In	itangible ☐ Yes [	No
24	25	29 372 3 8 30	)	4-	Personal Property Tax.  10. Name and Address of New Registered		AINO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agein	
ROS	ANZWEIG, GEORGE						
5265 FAR OAK CIRCLE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	•	
	ASOTA FL 34238		83			*	
					<u> </u>	11 0	
			84	City	FI	85 Zip C	ode
11., Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the abov	e-named corp	anation authorite this statement for the purpose of	f changing its r	egistered
office or r	egistered agent, or both, in the State of	if Florida, Such change was auth	orized by a Statutes	the corporation	on's board of directors, i nereby accept the appu	munem as reg	istelen
•	herellinet	luf		•	d when reinstating)  DATE  DATE	4, 199	P8
SIGNATURE	Signature, typed or printed name of registered agent	and title if approable. (NOTE: Re	egistered Age	nt signature require			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR  Change	RS IN 12 Addition
TITLE	P	☐ DELETE	1.1 TITLE			□ cuange	☐ Addition
NAME	ROSENZWEIG, GEORGE		1.2 NAME		•		
STREET ADDRESS	5265 FAR OAK CIRCLE			TADORESS			
CITY-ST-ZIP	SARASOTA FL 34238	☐ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP	<u></u>	Change	Addition
TITLE	VP		2.1 THEE				
NAME	ROSENZWEIG, ROSE 5265 FAR OAK CIRCLE			TADDRESS			
STREET ADDRESS	SARASOTA FL 34238		2.4 CITY-:		•		
CITY-ST-ZIP	3ANA301A11 34230	☐ DELETE:	3.1 TITLE	31-21		☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME		•		
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		·	Change	Addition [
NAME			5.2 NAME				l
STREET ADDRESS				TADORESS		•	
CITY-ST-ZIP		C OCC ETC	5.4 CITY- 5 6.1 TITLE	si-ZIP		Change	Addition
TITLE		☐ DELETE	6.2 NAME			C. cuango	
NAME STREET ADDRESS				T ADDRESS			
SIREE I MINDREGO						,	

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 emergered 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 one attachment with address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS