

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 23, 1999 8:00 am  
Secretary of State

09-23-1999 90009 018 \*\*\*550.00

DOCUMENT # V58060

1. Corporation Name

GFA PROPERTIES, INC.

Principal Place of Business  
2304 S. MILITARY TR.  
WEST PALM BEACH FL 33415  
US

Mailing Address  
9040 BELVEDERE RD  
SUITE 200  
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1992

4. FEI Number

65-6108555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1312 Commerce Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. SAME

27. SUITE 213

23. City & State

28. City & State

JUPITER, FL

24. Zip

Country

29. Zip

Country

25. 33458

30. USA

9. Name and Address of Current Registered Agent

PURINO, ALBERT T  
9040 BELVEDERE ROAD  
SUITE 200  
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GIOACCHINO, POMA  
STREET ADDRESS 9040 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D  
NAME POMA, FRANK  
STREET ADDRESS 9040 BELVEDERE RD #200  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D  
NAME PURINO, ALBERT T.  
STREET ADDRESS 9040 BELVEDERE RD #200  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE D  
NAME GIOACCHINO, POMA  
STREET ADDRESS 9040 BELVEDERE ROAD  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

ALBERT T PURINO

9/15/99

561-743-4678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0077378

CR2E034 (5/99)