**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V67051**

Corporation Name
 BILL AND GAIL ENT. INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90054 012 \*\*\*150.00

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Principal Place of Business		Mailing Address	Mailing Address			- \$ 100% Olygin olyst kodis odkas atimi sidt diasi osom osom osom osom osom		
7425 N.W. 65TH LANE		7425 N.W. 65TH LANE						
PARKLAND FL 33067		PARKLAND FL 33067						
,						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
<u> </u>		·				09/24/1992		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied Fo		
21		26				65-0364502   Not Applic		
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	"	
City & State		City & State						
·		$\vdash$				1 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Zip Country		Zip	Zip Country					
	25 29		30			8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Currer		<del>                                    </del>			10. Name and Address of New Registered Agent	5.00	
	<b>5.</b> Hall			31 Nar	ne			
MOY	NIHAN, GAIL			32 Stre		11 (D.O. Davidson in Net Assessable)		
7425 N.W. 65TH LANE					et Addre	dress (P.O. Box Number is Not Acceptable)		
PARI	KLAND FL 33067			33	<del></del>			
			ľ	34 City		FL 85 Zip Code	Ì	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthonzed	hv the C	ed corpo orporation	ration submits this statement for the purpose of changing its register o's poard of directors. I hereby accept the appointment as registered	ed	
SIGNATURE							1	
SIGNATURE	Signature, typed or printed pame of registered age	ant and title if applicable (NOTE	: Registered /	gent signat	ure required	when reinstating) DATE	`	
	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. (NOTE ND DIRECTORS	: Registered /	gent signat	ure required		2 6	
12.			_		ure required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change A		
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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR