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

DOCUMENT # 1. Corporation Name

G.F.T., INC.

STREET ADDRESS

Dringing Blace							
Principal Flace	of Business	Mailing Address			•		
3001, 112TH, AVI	NE.	201 N. FEDERAL HWY			\ .		
SUITE 206 SUITE 114					DO NOT WRITE IN THIS SPACE		
BELLEVUE WA 98004 DEERFIELD BCH FL 33441					3. Date incorporated or Qualifed		
US :		US					
	·				04/22/1993		U. d. Fan
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21		26			65-0405668		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Rec	uired
City & State		City & State			6. Election Campaign Financing	\$5.00 +	May Be
¬ '		28			Trust Fund Contribution	Added to	- 1
23	Country	Zip	Cour	itry	8. This corporation owes the current year In	ntangible	
Zip —η	in the second		30		Personal Property Tax.		
24	25	29	[30]		10. Name and Address of New Registered		
	9. Name and Address of Currer			81 Name	10. Hame and Address of Non-Negation		
T416	4.	Park Comment of States		Name	·		
TAVERRITE, GARY			ţ	82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
201 N. FERDEAL HWY			1		a on the house of the graduation of Abrillians	A CONTRACTOR OF THE SEC.	210 314 (Ser
SUIT	E 114			83	· · · · · · · · · · · · · · · · · · ·		
DEE	RFIELD BEACH FL 33441	*			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip C	600 603 3753
1			- [84 City	F		.006
<u> </u>	4 4 4 4	22 and 607 4509 Florido Statul	toe the at	ove-named corr	poration submits this statement for the purpose only board of directors. I hereby accept the app	of changing its	registered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	authorized	by the corporati	on's board of directors. I hereby accept the app	ointment as reg	gistered ·
∂c∷ agent. I'a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	tes.	on's board of directors. I hereby accept the app		
SIGNATURE		3.4					*
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered	Agent signature require			
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P	DELETE	1.1 TIT	LE		☐ Change	C Addition
NAME	TAVERRITE, GARY	•	1.2 NA	ME			I
STREET ADDRESS	652 SW 12TH AVE			SEET ADODECC			
			1.3 ST	REET ADDRESS			
CITY-ST-ZIP	I NEEDEIELN REACH EI						
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	-12	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-ZIP LE ME REET ADDRESS		Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90017 019 ***150.00