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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

	1996		OF CORPORATION	10				
DOCUMENT # F9300001509 (9) GGS (HI), INC.								
Principal Place	of Business	Mailing Address				Eill Obiil Boli O		
201 MERCH HONOLULU	HANT STREET. SUITE 904 1 Hz 96813	201 MERCHANT : HONOLULU HI 90	STREET, SUITE 904 5813					
					3. Date Incorporated or Qualified	3a. Date	of Last F	Report
Dringing Dt	ace of Business	20 14-11-4-(-)			03/19/1993	0	3/22/1	
•	erchant Street	26. Mailing Address 26 201 Merch	ant Street		4. FEI Number			Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc			99-0245166		\$8.7	5 Additional
Suite	1650	27 Suite 165	0		5. Gertificate of Status Desired			Required
City & State	∍ µlu, HI	City & State 18 Honolulu,	UT		6. Election Campaign Financing			0 May Be
Zip	Country	28 Honolulu,	Country		Trust Fund Contribution			d to Fees
968	L	29 96813	30		8. This corporation has liability for Florida Statutes	r intangible ta es ₩No	x under s	199.032,
	9. Name and Address of Curre				10. Name and Address of New		Agent	
			1 18	Name				
CTCC	DRPORATION SYSTEM		82 5	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	OUTH PINE ISLAND ROAD		83					
PLANT/	ATION FL 33324		63					
			84 (City		FL	85 Z	ip Code
Pursuant t or registers	to the provisions of Sections 607.050	02 and 607.1508, Florida St	atutes, the above-name	ned corpora	ation submits this statement for the p	urpose of cha	nging its	registered office
or registere familiar wit GNATURE	ed agent, or both, in the State of Floi th, and accept the obligations of, Sec	rida. Such change was auth ction 607.0505, Florida Stati	norized by the corpora utes.	ation's board	d of directors. I hereby accept the ap	pointment as	nging its registered	registered office d agent. I am
or registeri familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Sgnature, typed or printed name of registered agor	rida. Such change was auth ction 607.0505, Florida Stati	forized by the corpora	ation's board	d of directors. I hereby accept the ap	pointment as	registered	d agent. I am
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SIGNATURE!

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (POT)537-6141