

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**APPROVED  
AND  
FILED**

95 JUL 20 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M92458** (2)

**G2 ENTERPRISES, INC.**

**C/O GEORGE SQUIRES, II**  
5700 FOURTH AVENUE  
KEY WEST FL 33040  
US

**C/O GEORGE SQUIRES, II**  
5700 FOURTH AVENUE  
KEY WEST FL 33040  
US

21	22	23	24	25	26	27	28	29	30
2. Filing Period (Fiscal Year)					2a. Mailing Address				
3. Date first organized or qualified					3a. Date of Last Report				
4. FET Number					Applied For / Not Applicable				
5. Certificate of Status Issued					Additional Fee Required				
6. Election Campaign Financing / Trust Fund Contribution					May Be Added to Fees				
7. This corporation has authority for incorporation under the Florida Statutes					Yes / No				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SQUIRES, GEORGE II. 1513 SEMINARY STREET KEY WEST FL 33040				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. I, the undersigned, being the duly qualified agent of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the office specified herein 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 duly qualified to accept the appointment as such under Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
D, CEO SQUIRES, GEORGE II 1513 SEMINARY ST. KEY WEST FL			100001545291 -07/25/95--01060--012 ****233.75 ****233.75
D SQUIRES, PHYLLIS A. 1513 SEMINARY ST. KEY WEST FL			
<del>D DAVENPORT, WALTER 3700 CINDY KEY WEST FL</del>			<del>Deleted</del>
D DENKER, MITCHELL 1109 STAMP KEY WEST FL			(Director) Denker, Mitchell PO Box 999 1/4 Summerfield FL 34492
D DAVENPORT, WALTER 1111 WATSON #F KEY WEST FL 33040			
(Director) SQUIRES, EMILY 1513 SEMINARY ST KEY WEST FL 33040			7/20/95 MS

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that the corporation has complied with the requirements of the Florida Statutes. I further certify that the information provided on this annual report or supplementary annual report is true and accurate, and that the corporation has complied with the requirements of the Florida Statutes. I am duly qualified to accept the appointment as such under Florida Statutes, and that my name appears on the Florida Department of State's records.

SIGNATURE: *George R. Squires II* G. Squires II 9 May 95

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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
MJD

05 JUL 1995 11:01:21

DOCUMENT # M95146

1. Corporation Name  
G. DEJARDEN AND COMPANY  
90 GABRIEL DEJARDEN

Principal Place of Business Mailing Address  
10126 WEST FLAGLER ST 19658 N.W 84 PL  
MIAMI, FL 33172 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		8/18/88	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For
22		27		65-0077658	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	7. This corporation has liability for intangible tax under S 199.032 Florida Statutes	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEJARDEN GABRIEL 175 FONTAINEBLEAU BLD, STE 247 MIAMI, FL 33172				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed, a printed name of registered agent and the applicant. (BOTH Registered Agent signatures required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. V. S. T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJARDEN GABRIEL	1.2 NAME	000001547820
STREET ADDRESS	175 FONTAINEBLEAU BLD, STE 247	1.3 STREET ADDRESS	-07/27/95--01068--013
CITY, ST, ZIP	MIAMI, FL 33172	1.4 CITY, ST, ZIP	****225.00 ****225.00
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. Change of address only.

SIGNATURE: [Signature] 7/12/95 (305) 551-2795  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR