

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92458 (2)

1. Corporation Name
G2 ENTERPRISES, INC.

Principal Place of Business 5700 FOURTH AVENUE KEY WEST FL 33040 US	Mailing Address 5700 FOURTH AVENUE KEY WEST FL 33040 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0076750	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SQUIRES, GEORGE II 206 VENUS LN KEY WEST FL 33040				81 Name	JAN DOELMAN		
				82 Street Address (P.O. Box Number is Not Acceptable)	615 AMELIA ST.		
				83			
				84 City	KEY WEST	85 State	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6-7-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D. + P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, GEORGE II	1.2 NAME	JAN DOELMAN
STREET ADDRESS	206 VENUS LN	1.3 STREET ADDRESS	615 AMELIA ST.
CITY - ST - ZIP	KEY WEST FL 33040	1.4 CITY - ST - ZIP	KEY WEST, FL. 33040
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. + V.P. + TR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUIRES, PHYLLIS	2.2 NAME	STEVE THEODORAKIS
STREET ADDRESS	206 VENUS LN	2.3 STREET ADDRESS	183 BLACKBEARD RD.
CITY - ST - ZIP	KEY WEST FL 33040	2.4 CITY - ST - ZIP	LITTLE TORCH, FL. 33042
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D + SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, WALTER	3.2 NAME	ANDREAS THEODORAKIS
STREET ADDRESS	1111 WASTON #F	3.3 STREET ADDRESS	3333 DUCK AVE. APT. F102
CITY - ST - ZIP	KEY WEST FL 33040	3.4 CITY - ST - ZIP	KEY WEST, FL. 33040
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	MITCHELL DENKER JR
STREET ADDRESS		4.3 STREET ADDRESS	PO BOX 980
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SUMMERFIELD FL. 34492
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DENNIS D'ERCOLE
STREET ADDRESS		5.3 STREET ADDRESS	2200 FOGARTY
CITY - ST - ZIP		5.4 CITY - ST - ZIP	KEY WEST, FL. 33040
TITLE	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *[Signature]* D + SEC. 4-23-98 305-2961800

CR2E034 (10/97)