

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M92458 (2)**

1. Corporation Name  
**G2 ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5700 FOURTH AVENUE                  KEY WEST FL 33040                  US</b>	Mailing Address <b>5700 FOURTH AVENUE                  KEY WEST FL 33040                  US</b>
---	---

3. Date Incorporated or Qualified  
**08/03/1988**

4. FEI Number  
**65-0076750**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

9. Name and Address of Current Registered Agent

**SQUIRES, GEORGE II  
 206 VENUS LN  
 KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name **JAN DOELMAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**615 AMELIA ST.**

83

84 City **KEY WEST** FL 85 Zip Code **33040**

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D. + P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SQUIRES, GEORGE II</b>	1.2 NAME <b>JAN DOELMAN</b>
STREET ADDRESS	<b>206 VENUS LN</b>	1.3 STREET ADDRESS <b>615 AMELIA ST.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>	1.4 CITY - ST - ZIP <b>KEY WEST, FL. 33040</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D. + V.P. + TR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SQUIRES, PHYLLIS</b>	2.2 NAME <b>STEVE THEODORAKIS</b>
STREET ADDRESS	<b>206 VENUS LN</b>	2.3 STREET ADDRESS <b>183 BLACKBEARD RD.</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>	2.4 CITY - ST - ZIP <b>LITTLE TORCH, FL. 33042</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D + SEC.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVENPORT, WALTER</b>	3.2 NAME <b>ANDREAS THEODORAKIS</b>
STREET ADDRESS	<b>1111 WASTON #F</b>	3.3 STREET ADDRESS <b>3333 DUCK AVE. APT. F102</b>
CITY - ST - ZIP	<b>KEY WEST FL 33040</b>	3.4 CITY - ST - ZIP <b>KEY WEST, FL. 33040</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b>MITCHELL DENKER JR</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>60 BOX 900</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP <b>SUMMERFIELD FL. 34492</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME <b>DENNIS D'ERCOLE</b>
STREET ADDRESS		5.3 STREET ADDRESS <b>2200 FOGARTY</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP <b>KEY WEST, FL. 33040</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
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)