

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 PM 12: 12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000045953 (5)**

1. Corporation Name

**GPLA ENTERPRISES, INC.**

Principal Place of Business

**807 N. MILLS AVE.  
ORLANDO FL 32803**

Mailing Address

**807 N. MILLS AVE.  
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/22/1993**

3a. Date of Last Report

**04/01/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**59-3188670**

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COURTLEY, PETER  
807 N. MILLS AVE.  
ORLANDO FL 32803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>
NAME	<b>COURTLEY, PETER</b>
STREET ADDRESS	<b>807 N. MILLS AVE.</b>
CITY - ST - ZIP	<b>ORLANDO FL 32803</b>
TITLE	<b>DST</b>
NAME	<b>COURTLEY, GEORGINA M</b>
STREET ADDRESS	<b>807 N. MILLS AVE.</b>
CITY - ST - ZIP	<b>ORLANDO FL 32803</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 193.07(3)(a), 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 applicable, or in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

**(407) 898-8148**

Telephone Number