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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000092542 (7) **DOCUMENT #**

G S F ENTERPRISE, INC.



Principal Place	4 B) indalinde lis tolle fluit dinte dilli fl	ber dater dater		8-1-11 BABLS (181 LS
AA 14:		Mailing Address							
20 W. ROYAL PALM AVE. PO BOX 182 LAKE PLACID FL 33852 LAKE PLACID FL 33852 US									
					I	ate Incorporated or Qualified 12/22/1994	3a. Date	03/14/1	Recort 1995
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-3286018				Applied For Not Applicable
Suite, Apt #	, etc.	Surte, Apt. #, etc.			5 . Ce	ertificate of Status Desired		-	5 Additional Required
City & State		City & State			Tri	ection Campaign Financing ust Fund Contribution		Adde	00 May Be ed to Fees
Zip	Country	- Z _I ρ	Count	ry		is corporation has liability for		x under s	199.032,
24	25 25 9. Name and Address of Curre	29	30				□No		
	9. Name and Address of Curre	ent Registered Agent		1 Name	10. N	ame and Address of New F	Registered	Agent	
FOSTE	r, gregg s		l°	TName					
20 W. F	ROYAL PALM AVE.				dress (P.O.	Box Number is Not Acceptab	ole)		
LAKE P	LACID FL 33852		8	3					
			8	4 Crty			- ,	85 Z	ıp Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Stati	utes, the above	named corpo	oration subr	nits this statement for the pur	FL rpose of cha	nging its	reastered offi
or registere	d agent, or both, in the State of Fio h, and accept the obligations of, Sec	nda, queo change was aumor	izea uv tne cai	rporation's boa	ard of direc	tors. Thereby accept the app	ointment as	registere	d agent. I am
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certify that the monthanon indicated on this annual report or supplementagement 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 receiptr of or the seeper of these empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with unjuddress

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR