

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 29 AM 9:38

DOCUMENT # P96000090049 (3)

1. Corporation Name
G.G.I. ACQUISITION CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business

**3910 US HWY. 301 N
 SUITE 140
 TAMPA FL 33619**

Mailing Address

**3910 US HWY. 301 N
 SUITE 140
 TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3407932

Applied For
 Not Applicable

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

9. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY
 201 EAST PINE STREET
 SUITE 701
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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, type the printed name of registered agent and the date (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SOBIERALSKI, STEVE V	
STREET ADDRESS	3910 US HWY 301 N.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	CALLAHAN, RICHARD J JR.	
STREET ADDRESS	3910 US HWY 301 N., STE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VPCO	<input type="checkbox"/> DELETE
NAME	MARRINER, BRUCE E	
STREET ADDRESS	3910 US HWY 301 N., STE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ERNSBERGER, DALE D	
STREET ADDRESS	3910 US HWY 301 N., STE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, MICHAEL J	
STREET ADDRESS	3910 US HWY 301 N., STE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LONG, JEROLD E	
STREET ADDRESS	3910 US HWY 301 N., STE 140	
CITY-ST-ZIP	TAMPA FL 33619	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700002517837---0
1.4 CITY-ST-ZIP	-05/11/98--01005--023
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	****150.00 ****150.00
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 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]*

4/28/98 813-1270-4500

CR2E034 (10/97)