

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000092559  
1. Corporation Name

GSV & 2 RJ & Co., Inc.

Principal Place of Business

Mailing Address

4524 Gum Club Rd #102  
W.P.B. FL 33415

P.O. Box 33294  
Palm Bch. Gardens  
FL 33420

FILED  
98 OCT 21 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10-28-97	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0789972	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		25	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Atsinya, Arvinel B.  
4524 Gum Club Rd #102  
West Palm Bch FL 33415

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	4524 Gum Club Rd #102	200002675042-0	
STREET ADDRESS	W.P.B. FL 33415	-10/28/98-01087-021	
CITY-ST-ZIP		****558.75 ****558.75	
TITLE	V.P.	2.1 TITLE	2.2 NAME
NAME	G.K. Vanier		
STREET ADDRESS	4524 Gum Club Rd #102		
CITY-ST-ZIP	W.P.B. FL 33415		
TITLE		3.1 TITLE	3.2 NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		4.1 TITLE	4.2 NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		5.1 TITLE	5.2 NAME
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		6.1 TITLE	6.2 NAME
NAME			
STREET ADDRESS			
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:

Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)