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

DOCUMENT #

(4)

G ASSOCIATES, INCORPORATED

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								#16 #1641 1 6 65
P.O. BOX 496 P.O. BOX 49 TARPON SPRINGS FL 34686-0496 TARPON SPR			496 EPRINGS FL 34688-0496			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
9 Principal P	Place of Business	2a. Mailing Address				07/05/1991 4. FEI Number		hadied For
21	lace of costless	28 Vidining Address				1	<u> </u>	Applied For Not Applicable
Suite, Apt.	# elc	Suite, Apt. #, etc.				59-3075736		Additional
22	27	,			5. Certificate of Status Desired	Certificate of Status Desired Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees		
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25 29 30		30	<u> </u>		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		241	Name	10. Name and Address of New Registere	d Agent	
	aneskis, dino M.			81	Name			
	04 E. OAKWOOD ST.			82	Street Add	freet Address (P.O. Box Number is Not Acceptable)		
TAI	RPON SPRINGS FL 34689			83				
				53				
				84	City	F	65 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida Sta	tutes, the a	DOVE	s-named cor	rporation submits this statement for the purpose	of changing	its registered
office or r	registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida. Such change wa pations of, Section 607,0505.	as authorize Florida Stat	d by lutes	the corpora	ation's board of directors. I hereby accept the a	ppointment a	s registered
SIGNATURE		,						
	Signature, typed or printed name of registered a			d Age	nt signatura requ	Ured when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 (1				L Change	■ Addition
NAME	GIANESKIS, DINO M.		1.2 N					
STREET ADDRESS	P O BOX 233 N/A		- 1	1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	TARPON SPRINGS FL	D DELETE		1.4 CITY+ST-ZIP 2.1 TITLE			Change	Addition
NAME	GIANESKIS, PATRICIA M.	22 N					L_I Onding√	LI ROGILION
STREET ADDRESS	P O BOX 233 N/A				ADORESS			
CITY-ST-ZIP	TARPON SPRINGS FL		1		ST-ZIP	48		
TITLE	DELETE			3.1 TITLE			Change	Addition
NAME		_	3.2 N/				-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					T-ZIP			
TITLE		☐ DELETE	4.1 Ti				Change	Addition
NAME			4. 2 N	AME	- 1			
STREET ADDRESS			4.3 ST	TREET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-51	T-ZIP			
TITLE		☐ DELETE	5.1 ¥i	TLE			Change	Addition
NAME			5.2 N/	ME	- [
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 Tr			•	Change	Addition
NAME			6.2 N/					
STREET ADDRESS			6.3 \$1	REET.	ADDRESS			
CITY-ST-ZIP			6.4 CI					
14. I hereby of indicated	certify that the information supplied to on this annual report of Eupplement	vith this filing does not qualify all annual report is true and a	y for the exe accurate and	empt d tha	tion stated in at my signati	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made	certify that the under oath; the	e information nat I am an

vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in