FILE NOW: FILING FEE AFTER MAY 1 IS $...

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 300514 (7)

1. Corporation Name

G & Z ENTERPRISES, INC.

Principal Place of Business
13318 DEER CREEK DR.
~~P O BOX 12810~~
~~LAKE PK FL 33403~~

Mailing Address
13318 DEER CREEK DR
~~P O BOX 12810~~
~~LAKE PK FL 33403~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1966
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 13318 Deer Creek
22 Suite, Apt. #, etc.
23 City & State: Palm Beach Gardens
24 Zip: 33418
25 County: Palm Beach

2a. Mailing Address
26 13318 Deer Creek
27 Suite, Apt. #, etc.
28 City & State: Palm Beach Gardens
29 Zip: 33418
30 Country: Palm Beach

4. FEI Number: 59-1116762 — 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 has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ZAHN, ELAINE F.
13318 DEER CREEK DR.
W PALM BCH, FL
PALM BEACH GARDENS FL 33418

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 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	STM
NAME	ZAHN, CHARLES
STREET ADDRESS	821 N MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BCH , FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do 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 report or supplemental 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 - 95
DATE

0435313 FP