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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 381299

(7)

G & G RADIATOR SERVICE, INC.

Principal Pla 2248 E CANA BELLE GLAD US		Mailing Address PO BOX 725 BELLE GLADE F							
00		00				3. Date Incorporated or Qualified 04/30/1971		of Last F 9/1996	eport
~-~··	Place of Business	2a. Mailing Add	ress	,		4, FEI Number	- L	A	oplied For
21 Suite, Ap	1 #, elc.	26 Suite, Apt. #	, etc.			59-1350348			ot Applicable Additional
22		27				5. Certificate of Status Desired			quired
City & Sta	ate	City & State				6. Election Campaign Financing	-	\$5.00	
23	Country	28		Country	 	Trust Fund Contribution	<u> </u>		to Fees
Ζφ 24	Country 25	Ζιρ 29	30	Country	•	8. This corporation has liability for i	ntangible ta Yes		. 199.032,
24]	g. Name and Address of Cu		[30]			10. Name and Address of New Re			
CC	OLTON, SCOTT M.			81	Name				
	11 US HWY #1			62	Ctroot Ac	Idraen (D.O. Boy Number in Not Assentab	la)		
STE 410				02	Street Ac	soress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)		
	PALM BCH FL 33408			83			·		
				84	City			85 Zip	Code
					Ĺ		FL		
			OSOS Floridas	Statutes	e .	• •			
SIGNATURE	Signative typed or portled name of registron	ed agent and title it applicable.	(NOTE Regis	stered Ag		ration's board of directors. I hereby accept	DATE		····
SIGNATURE	Signarine Type dior profied name of registron OFFICERS	ed agent and title it applicable.	(NOTE, Regis	stered Ag			DATE ERS AND [DIRECTOR	RS IN 12
SIGNATURE 12. IIILE	Signative typed or posted name of register OFFICERS	ed agent and title it applicable.	(NOTE Regis	stered Age 13.		quired when reinstating)	DATE ERS AND [RS IN 12
SIGNATURE 12. TITLE NAME	Signative typed or printed name of registion OFFICERS SD GOFORTH, JANISE	ed agent and title it applicable.	(NOTE: Regis	stered Ag. 13. .1 TITLE .2 NAME	ant signature re	quired when reinstating)	DATE ERS AND [DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Styro' ve tyled or ported name of egistion OFFICERS SD GOFORTH, JANISE 2248 E CANAL ST S	ed agent and title it applicable.	(NOTE: Fiegis 1 DELETE 1 1	I3. 13. 1.1 TITLE 1.2 NAME	ant signature re	quired when reinstating)	DATE ERS AND [DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signative typed or printed name of registion OFFICERS SD GOFORTH, JANISE	ed agent and title it applicable. 8 AND DIRECTORS	(NOTE Repident) PELETE 1 1 1 1	stered Ag. 13. .1 TITLE .2 NAME	ant signature re	quired when reinstating)	DATE CERS AND C	DIRECTOR	····
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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 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:

CALLETTE NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

561 - 996-3107 Daytime Phone #

FILED

Apr 15 1997 8:00am

Secretary of State