

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **472737** (6)
1. Corporation Name
G. G. S. CORPORATION



Principal Place of Business: **8521 SO., U.S. 1 PORT ST LUCIE FL 34952**
Mailing Address: **8521 SO., U.S. 1 PORT ST LUCIE FL 34952**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1975	3a. Date of Last Report 02/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1926703	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GERLAK, GARY MICHAEL 8499 SOUTH U.S. #1 PORT ST LUCIE FL 34952				81	Name GARY GerLak		
				82	Street Address (P.O. Box Number is Not Acceptable) 4248 Wicks Branch Rd.		
				83	City St. Augustine, FL.		
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0602 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: *Gary Gerlak*, **GARY GerLak** S, T, D, DATE: **5/1/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERLAK, JOSEPH			1.2 NAME			
STREET ADDRESS	1050 SO. NO. LAKE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERLAK, JOYCE			2.2 NAME			
STREET ADDRESS	1050 SO. NO. LAKE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	(Secretary; Treasurer;)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERLAK, GARY			3.2 NAME	GARY GerLak (director,		
STREET ADDRESS	2250 NW 87 AVE			3.3 STREET ADDRESS	4248 Wicks Branch Rd		
CITY-ST-ZIP	PEMBROKE PINES FL			3.4 CITY-ST-ZIP	St. Augustine, FL. 32086		
TITLE	V.P.	<input type="checkbox"/> DELETE		4.1 TITLE	V.P.;	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Sherric GerLak			4.2 NAME	Sherric GerLak		
STREET ADDRESS	4248 Wicks Branch Rd.			4.3 STREET ADDRESS	4248 Wicks Branch Rd.		
CITY-ST-ZIP	St. Augustine, FL. 32086			4.4 CITY-ST-ZIP	St. Augustine, FL. 32086		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gary Gerlak* DATE: **5/1/96** TELEPHONE: **(904)-797-2596**

CR2E034 (12/95)