FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

G.A.V., INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 679766

(6)

FILED Feb 07 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address				t toning deste enter that date deten neite beite debet debet ander mint bibet biber ichte			
615 ROBERT LIVINGSTON ST ORANGE PK FL 32073		615 ROBERT LIVINGSTON ST ORANGE PK FL 32073-8727							
						3. Date Incorporated or Qualified 07/25/1980		te of Last I 2/1996	Report
2. Principal	Place of Business	2a. Mailing Address			***************************************	4. FEI Number		A	pplied For
21		26				59- 2185872		N	lot Applicable
Suite Ap	t #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				w. Commodic of Clares Doorloa		Fee F	lequired
— City & Sta	ate .	City & State				6. Election Campaign Financing			May Be
23	Constan	28	Country		······	Trust Fund Contribution	Ц		to Fees
Zip	Country	Zip	Country الم	y		8. This corporation has liability for in	,	tax under] No	s. 199.032,
24	25 9. Name and Address of Curre	29 3	101		····, ····-	Florida Statutes 10. Name and Address of New Res			
VAI	N ALST, GERALD A	in registered Agent	81	T	lame	(U. Italie and Addiess Of Italie Nes	jiatereu z	Agur	
	5 ROBERT LIVINGSTON ST.			<u> </u>					
	ANGE PARK FL 32073		82	! !	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
On	ANGE FANK LE 320/3		83	╁				· · · · · · · · · · · · · · · · · · ·	
			84	, c	City			85 Zip	Code
					•		FL		
 Pursuan office or 	it to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida, Such change was au	the abov	e-n v th	amed corpo	ration submits this statement for the property accept	urpose of	changing	its registered
agent I	r registered agent, or both, in the State am famil ar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statute	S.	e co.porano	TO DOLLO OF OFFICE PROPERTY ACCORD	i i i i i i i i i i i i i i i i i i i		a registered
SIGNATURE		ST Geralda	ange		<i>y</i>		1/10	197	
	Signature, type dior position name of register, diag			ent s	ignature required	when reinstating)	DATE	DIDECTO	50 11 40
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE		PD	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	VAN ALST, GERALD A	Land typical	1.2 NAME		שא	VAIST FORGINA		Change	Mudition
STREET ADDRESS	ACA4 014/ 004 0T		1.3 STREE		oncee /- 19	v ALST, Generald A 5 Robert Livings	ron	SŁ.	
City-St-ZiP	DUNNELLON, FL 00000		1.4 CITY-:		In Co	ANGE Park, FL	2201	3	
TOLE	T	DELETE	2.1 TITLE	31.7		ARGE FARIE 14		Change	Addition
NAME	VAN ALST, MADELINE J		22 NAME		מע	N ALSTI COL MADE			
STREET ADDRESS	DED4 OW DO4 OT		2.3 STREE		DECC /- /	5 Robert Living	STN	NI 56	
CITY-ST-ZiP	DUNNELLON, FL 00000		2.3 STREE			ANGE PARK, FL	<i>3</i> 20		,
TITLE	TV	DELETE	3.1 TITLE	01-6	<u> </u>	THE PROPERTY OF		Change	Addition
NAM:	FRUCHTL, CLARA	 ,	3.2 NAME		20	UCHTI CIARA		. 	
STREET ADDRESS	E OUGAR BUOU OT		3.3 STREE		ORESS 5	uchtly Clara Sugar Bush CT.			
OITY - ST- Z-P	SAVANNAH GA		3.4. CITY-		op SA	VANNAH. GA 3	1400	_	
TITLE	S	DELETE	4.1 THILE					Change	Addition
NAME:	MARCHMAN, MARY		4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADI	ORESS				
CiTy - St - ZiP	ORANGE PARK FL		4.4 CITY-3	<u>ST</u> - Z	iP				
TITLE		DELETE	5.1 TITLE					Change	Addition
N4M?			5.2 NAME		1				
STREET ADDRESS	5		5.3 STREE	T ADI	DRESS				
CHY-ST ZIP			5.4 CITY-1	st-z	IP				
THEF		☐ DELETE	6.1 TITLE					Change	Addition
NAME:			6.2 NAME						
STREET ADDRESS	\$ [6.3 STREE	i adi	DRESS				

64 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 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 Lam 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: Garald VAN ALST Rend and or act