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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F52649

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90042 015 ***150.00

JOHN G'S	S. INC.				•		75 31 1807 1847	u ·	
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					1.				
Principal Place	of Business	Mailing Address				i ibaltan isat anta siata antis ataua iat	1.5411 \$		
C/O JOHN G. GI	IRAGOS	C/O JOHN G. GIRAGOS							
10 SOUTH OCEA		10 SOUTH OCEAN BLVD.				DO NOT WEITER	TUE		
LAKE WORTH FL	. 33460	LAKE WORTH FL 33460				DO NOT WRITE IN 3. Date Incorporated or Qualifed 1		i.	
		•				10/28/1981			
		2a. Mailing Address				4. FEI Number		Applied For	
2. Principal Pla	ice of Business	, 1		•		59-2140700	1.31 (91)	Not Applicable	
21)	l ata	Suite, Apt. #, etc.	-	———···				5 Additional	ú
Suite, Apt: #	, etc.	27			-	5. Certificate of Status Desired		Required	
City & State		City & State				6. Election Campaign Financing		00 May Be	
		28			.	Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cou	intry .	i	8. This corporation owes the current y	ear Intangible		
24	25	29	30			Personal Property Tax.	⊥ D Yes	∷□No	
24	9. Name and Address of Current					10. Name and Address of New Regis	tered Agent 🖔	4	
,	the first from the			81 Name	·	•			
	GOS, JOHN G.			82 Street	Addres	s (P.O. Box Number is Not Acceptable)	- 44 (F 31 14 13 14 14 14 14 14 14 14 14 14 14 14 14 14		
	OUTH OCEAN BLVD.	\$		ou ou	, (46, 66	100	1.12年期19		
LAKE	WORTH FL 33460			83	-	以第一条中央的证据			
,	•			84 City		. 12 1 - 1 1 1 2 2 3 5 5 6 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	85 12	ip Code	
		eg en en en en en en en en en	-	, ,		<u> </u>	. FL ∦3/13		
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the a	bove-named	corpora	ation submits this statement for the purp	ose of changing	its registered	
office or re-	gistered agent, or both, in the State of	Florida, Such change was a	uinonzei	u by une corp	oranoji	S DOUTH OF BIT SCIOUS THE FEB Y ACCEPT THE		i i ogictoro	
agent: 1 am	n familiar with, and accept the obligation	ons of, auction bor coop, ric	niua Siai	utes.			· 注: [[] [] [] [] [] [] [] [] []	Ris I	
	o the provisions of Sections 607.0502 gistered agent, or both, in the State of a familiar with, and accept the obligation						"一个操作用。"		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	d Agent signature		hen reinstating)	ATE (4)		(80
SIGNATURE 5	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE	Registered	d Agent signature			ATE IN IN INC.	TORS IN 12	11/08)
SIGNATURE 5	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE	Registered	d Agent signature		hen reinstating)	ATE (4)	TORS IN 12	7 (11/08)
SIGNATURE 3	Signature, typed or printed name of registered agent of OFFICERS AND DIRECTOR THERESE H	and title if applicable. (NOTE	13. 1.1 T	J Agent signature ITLE AME	required w	hen reinstating)	ATE IN IN INC.	TORS IN 12	1037 (11/08)
SIGNATURE 5	Signature, typed or printed name of registered agent of OFFICERS AND DISCOURTED BY THE SEE HOUSE THE	and title if applicable. (NOTE	13. 1.1 TO 1.2 No 1.3 S	d Agent signature ITLE AME TREET ADDRESS	required w	hen reinstating)	ATE IN IN INC.	TORS IN 12	0.0E0.34 (11/0R)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND GIRAGOS, THERESE H 7784 OAKMONT DRIVE LAKE WORTH FL	and title if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TI 1.2 N. 1.3 S	J Agent signature ITLE AME TREET ADDRESS	required w	hen reinstating)	ATE IN IN INC.	TORS IN 12	CD2E024 (11/08)
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14. I 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 innual report is true and accurate and that my signature shall have the same legal effect as if made under point; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my intaine appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

IGN/NRE/REQUIRE

13/99 56 59860 Daytime Phorite #