

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F91818

(7)

1. Corporation Name

GBOSCUTTER CO., INC.

Principal Place of Business

Mailing Address

1919 N. SEACREST BLVD.
BOYNTON BCH. FL 33435

1919 N. SEACREST BLVD.
BOYNTON BCH. FL 33435



3. Date Incorporated or Qualified
07/23/1982

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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4. FEI Number
59-2094223

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

10. Name and Address of New Registered Agent

MATTHEWS, ARTHUR
1901 SEACREST BLVD
BOYNTON BEACH FL 33435

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME MATTHEWS, ANNE B.
STREET ADDRESS 1262 GONDOLA CT
CITY - ST - ZIP BOYNTON BCH, FL 00000

TITLE P
NAME MATTHEWS, ARTHUR L.
STREET ADDRESS 1262 GONDOLA CT
CITY - ST - ZIP BOYNTON BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
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2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
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4.1 TITLE
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5.1 TITLE
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5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
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7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
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8.1 TITLE
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8.3 STREET ADDRESS
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9.1 TITLE
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10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY - ST - ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY - ST - ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 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 113.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

ARTHUR L. MATTHEWS, JR.

6-27-96

407-7361005

CR2E034 (3/96)