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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95-371-2 MA 3:23

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G31737** (1)

1. Corporation Name

G. S. C. & ASSOCIATES, INC.

Principal Place of Business

STE. 40, 9040 SUNSET DR.
MIAMI FL 33173

Mailing Address

STE. 40, 9040 SUNSET DR.
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1983

3a. Date of Last Report

05/20/1994

2. Principal Place of Business

21 4810 N.W. 167 ST.

2a. Mailing Address

26 4810 N.W. 167 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33014

Country

25 Dade

Zip

29 33014

Country

30 Dade

4. FEI Number

59-2577248

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

MARGOLIS, JOHN A ESQ.
9040 SUNSET DR.
STE. 40
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

GUY S. COX

82 Street Address (P.O. Box Number is Not Acceptable)

4810 N.W. 167 ST.

83

City Miami

FL

85 Zip Code

33014

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]

3/22/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COX, GUY S
STREET ADDRESS	4810 N.W. 167TH ST.
CITY ST ZIP	MIAMI FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
COX, GUY S

3/22/95

Signature Chapter 6