

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
MAY 1 1995
TALLAHASSEE, FL
11 AM

DOCUMENT # H52947 (9)

1. Corporation Name

E. & G. ENTERPRISES, INC.

Principal Place of Business

**% VINCENT J. FLYNN
2701 S BAYSHORE DR SUITE 802
MIAMI FL 33145**

Mailing Address

**30 SAMANA DR
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1985

3c. Date of Last Report

05/01/1994

4. FEI Number

65-0207051

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FLYNN, VINCENT J.
2701 S BAYSHORE DR
SUITE 802
MIAMI FL 33133**

10. Name and Address of New Registered Agent

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 the date)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PST
ELLIS, CATHY
30 SAMANA DR
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**VD
GONZALEZ, RENE
30 SAMANA DR
MIAMI FL 33133**

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

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY ST ZIP

☐ Change ☐ Addition

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY ST ZIP

☐ Change ☐ Addition

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY ST ZIP

☐ Change ☐ Addition

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY ST ZIP

☐ Change ☐ Addition

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY ST ZIP

☐ Change ☐ Addition

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY ST ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. Further, I 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 13. If I have changed, or am an attachment with an address.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

Cathy Ellis **CATHY ELLIS** 6/2/95 (305) 858-8189