

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J48282** (4)

1. Corporation Name
G & F MANAGEMENT & INVESTMENTS, INC.

Principal Place of Business

**2825 N.E. 20TH COURT
FORT LAUDERDALE FL 33305**

Mailing Address

**2825 N.E. 20TH COURT
FORT LAUDERDALE FL 33305**

**G & F MANAGEMENT & INVESTMENTS, INC.
3970 OAKS CLUBHOUSE DR. SUITE 306
POMPANO BEACH, FL 33069**

**G & F MANAGEMENT & INVESTMENTS, INC.
3970 OAKS CLUBHOUSE DR. SUITE 306
POMPANO BEACH, FL 33069**

DO NOT WRITE IN THIS SPACE

Date incorporated or Qualified

12/11/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2743802	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation owes or has paid the current year intangible	
Zip	Zip	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

**TREMBLAY, GUY
2825 N.E. 20TH COURT
FORT LAUDERDALE FL 33305**

**G & F MANAGEMENT & INVESTMENTS, INC.
3970 OAKS CLUBHOUSE DR. SUITE 306
POMPANO BEACH, FL 33069**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Tremblay, Guy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBLAY, GUY	1.2 NAME	G & F MANAGEMENT & INVESTMENTS, INC.
STREET ADDRESS	2825 N.E. 20TH COURT	1.3 STREET ADDRESS	3970 OAKS CLUBHOUSE DR. SUITE 306
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

CR2E034 (10/97)