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

PROFIT CORPORATION



	JAL REPORT 1998	' <i>'.7</i>	ry of State CORPORATIONS	Secretary	of State	
DOCUI	MENT # J9460 3	3 (4)				
GNG P	RODUCTIONS, INC.				DIAN BAN CIBA SIGN AND HA	
Principal Plac	e of Business	Mailing Address				
KOA CAMPGROUNDS KOA CAMPGROUNDS				·		
1300 OLD MI	SSION RD A BCH FL 32168	1300 OLD MISSION RD NEW SMYRNA BCH FL:	20160	DO NOT WRITE IN THIS SPACE		
THE TOTAL CHARLES	1 001112 02100	HEN SMIRING DOTTE	02100	3. Date Incorporated or Qualified		
				09/25/1987		
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.		59-2860239	Not Applicable \$8.75 Additional	
22	<i>"</i> , 500	27		5. Certificate of Status Desired	Fee Required	
City & Stat	0	City & State		8, Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ 1771	Country	8. This corporation owes or has paid the		
24	25 Name and Address of Currer	29 nt Registered Agent	30]	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
PΔ	TIENT, GARY	The state of the s	81 Name	10. 11313 113 113		
1300 OLD MISSION RD			92 Cross Ad	drops (O.O. Doy blumber in blot Assentable)		
	W SMYRNA BCH FL 32168		62 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			63			
			84 City		85 Zip Code	
					-L -	
office or r agent. I a SIGNATURE	egistered agont, or both, in the State in familiar with, and accept the oblig	alions of, Section 607,0505, F	authorized by the corpor orida Statutes. E. Rogistered Agent signature req	rporation submits this statement for the purpos ation's board of directors. I hereby accept the cured when reinstating)		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	·	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	PATIENT, GARY		1.2 NAME			
STREET ADDRESS	1300 OLD MISSION RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL		1.4 CITY-ST-ZIP			
TITLE	VPD	DELETE	2.1 TITLE		Change Addition	
NAME	PATIENT, GARY		2.2 NAME			
STREET ADDRESS	1300 OLD MISSION RD NEW SMYRNA BCH FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	SD SO	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	PATIENT, DORIS	E' Detrie	3.1 TILE 3.2 NAME		The Control of the Co	
STREET ADDRESS	1300 OLD MISSION RD		3.3 STREET ADDRESS			
CITY - ST - ZIP	NEW SMYRNA BCH FL		3.4. CITY-ST-ZIP			
TITLE	TD	DELETE	4.1 TITLE		Change Addition	
NAME	PATIENT, DORIS		4. 2 NAME			
STREET ADDRESS	1300 OLD MISSION RD		4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL		4 4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME			6.2 NAME		Anna arrange bank continues	
STREET ADDRESS			6.3 STREET ANDRESS			

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 affactment with an address

SIGNATURE:

2-8-98

904

427-35-87

FILED

Feb 13 1998 8:00am