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

PROFIT CORPORATION ANNUAL REPORT



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

199	U

DOCUMENT #

K47340

(0)

1. Corporation Name

G & S SCOOPS, INC.

Principal Place of Business Mailing Address

503 BROWARD MALL
PLANTATION FL 33388 PLANTATION FL 33388

2. Principal Place of Business 2a. Mailing Address



				3. Date incorporated or Qualified 11/28/1988	8a. Date of Last Report 02/14/1995			
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For			
21		26		65-0086926	Not Applicable			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	:	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees			
Zip	Country	Z(p)	Country	8. This corporation has liability for inta				
24	25	[29]	30	Florida Statutes 🔲 Yes 🥻				
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regi	stered Agent			
ornu	441 OLIV ID 44		81 Name					
	AN, PHILIP M.		82 Street A	ddress (P.O. Box Number is Not Acceptable)				
	NE 22ND ST.			eor men deer to the control of the c				
POMPA	ANO BEACH FL 33062		83					
			84 City		FL 85 Zup Code			
11 () wowent t	a the area drives of Castiana 607 0500	0 and 007 4500. Florida Ct		poration submits this statement for the purpos				
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	ida. Such change was auth	orized by the corporation's b	loard of directors. Thereby accept the appoint	ment as registered agent. I am			
SIGNATURE _	Signature, typed or printed name of registered agent	Land tile if application	(NOTE: Fingistioned Agent signature re-	prod when renalatings	DATE			
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12			
TITLE	DPT	☐ DELETE	1 1 THLE		Change Addition			
NAME	KORENSTEIN, GARY		1.2 NAME					
STREET ADDRESS	4836 CHARDNARY DR		13 STREET ADDRESS					
CITY - ST - ZIP	CORAL SPRINGS FL		14 CITY - \$1- ZIP					
TITLE	DVS	DELETE	2 7 TITLE		Change Addition			
NAME	BARON, STEVEN H.		2.2 NAME					
STREET ADDRESS	6518 NW 55TH MANOR		2.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY - ST - ZIP					
TITLE		[] DELETE	3. 1 1/TLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
C(TY - ST - Z(P			3.4 CITY - ST - ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	[] DELETE	4 1 JULE		Change Addition			
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4.4 C:TY - ST - ZIP					
TITLE		DELETE	5. 1 TrTLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STHEET ADDRESS					
CITY-ST-ZIP								
THILF		T DELETE	5 4 City - St - 7iP 6 1 Title		Change Addition			
NAME			6 2 NAME		The cumber The second			
STHEET ADDRESS			6 3 STREET ADDRESS					
CITY - ST - ZIP	L CONTRACTOR OF THE PROPERTY O	The first process of the second	6 4 CI1Y - S1 - ZIP		20/13 F1-21-1-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same logal effect as if made under cath; 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SUM SUM

en on direction Baron

3/12/96

954-370-1324