

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

20 MAY 19 1996 15

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # **K81967** (7)

1. Corporation Name

G AND M'S SPECIAL NURSING SERVICE, INC.

Principal Office Address
**3428 LINCOLN WAY
COOPER CITY FL 33026
US**

Mailing Address
**3428 LINCOLN WAY
COOPER CITY FL 33026
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **04/20/1989** 36. Date of Last Report **03/08/1994**

2. Principal Office Address 2a. Mailing Address

21. Principal Office Address 26. Mailing Address

22. Principal Office Address 27. Mailing Address

23. Principal Office Address 28. Mailing Address

24. Principal Office Address 29. Mailing Address

25. Principal Office Address 30. Mailing Address

26. Principal Office Address 31. Mailing Address

27. Principal Office Address 32. Mailing Address

28. Principal Office Address 33. Mailing Address

29. Principal Office Address 34. Mailing Address

30. Principal Office Address 35. Mailing Address

4. FET Number **65-0124418** Applied For Not Applicable

5. Certificate of Status Issued **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. The corporation has liability of its officers and directors ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALAYON, GRACIELA
3428 LINCOLN WAY
COOPER CITY FL 33026**

81. Name

82. Street Address, Apt. No., P.O. Box, or R.F.D. or Post Office

83. City

84. State **FL** 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law to be filed with the Department of State, and that the same has been duly approved by the board of directors of the corporation.

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	ALAYON, GRACIELA	1. NAME		2. NAME	
ADDRESS	3428 LINCOLN WAY	1. ADDRESS		2. ADDRESS	
CITY	COOPER CITY FL	1. CITY		2. CITY	
STATE	FL	1. STATE		2. STATE	
ZIP		1. ZIP		2. ZIP	
NAME	MORFA, MANUEL	1. NAME		2. NAME	
ADDRESS	7577 WEST 5TH LANE	1. ADDRESS		2. ADDRESS	
CITY	HIALEAH, FL 33014	1. CITY		2. CITY	
STATE		1. STATE		2. STATE	
ZIP		1. ZIP		2. ZIP	
NAME		1. NAME		2. NAME	
ADDRESS		1. ADDRESS		2. ADDRESS	
CITY		1. CITY		2. CITY	
STATE		1. STATE		2. STATE	
ZIP		1. ZIP		2. ZIP	
NAME		1. NAME		2. NAME	
ADDRESS		1. ADDRESS		2. ADDRESS	
CITY		1. CITY		2. CITY	
STATE		1. STATE		2. STATE	
ZIP		1. ZIP		2. ZIP	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law to be filed with the Department of State, and that the same has been duly approved by the board of directors of the corporation.

SIGNATURE: *Graciela Alayon* **GRACIELA ALAYON 5/10/95 687-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION,
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

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DATE: MAY 18, 1995

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AND
FILED

05 MAY 18 1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83248

(0)

JOHN-JAY, INC.

% ROMEO T. CAYANGYANG
13672 SHIPWATCH DR
JACKSONVILLE FL 32225
US

% ROMEO T. CAYANGYANG
13672 SHIPWATCH DR
JACKSONVILLE FL 32225
US

21 5591 ATLANTIC BLVD
22 STE 226
23 JACKSONVILLE, FLA.
24 32225 25 U.S.

26 5591 ATLANTIC BLVD
27 STE 226
28 JACKSONVILLE, FLA.
29 32225 30 U.S.

9. Name and Address of Current Registered Agent

CAYANGYANG, ROMEO T.
13672 SHIPWATCH DR
JACKSONVILLE FL 32225

3. Date of Incorporation 3a Date of Incorporation
04/24/1989 05/01/1994

4. Name of Agent
NOT APPLICABLE

5. Amount of State Tax
\$8.75 Additional Fee Required

6. Amount of State Tax
\$5.00 May Be Added to Fees

8. Amount of State Tax
\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

81 ROSE MARIE CAYANGYANG
82 5591 ATLANTIC BLVD
83 STE 226
84 JACKSONVILLE FL 85 32225

11. Signature of Agent
Romeo Cayangyang ROSE CAYANGYANG 5/15/95

12. PD
CAYANGYANG, ROMEO T.
13672 SHIPWATCH DR
JACKSONVILLE FL
STD
CAYANGYANG, ROSE MARIE
13672 SHIPWATCH DR
JACKSONVILLE FL

13. PD ST
ROSE MARIE CAYANGYANG
5591 ATLANTIC BLVD
JACKSONVILLE FL

14. Signature of Agent
Romeo Cayangyang 5/15/95 704-721-2927

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR DIRECTOR