

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

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sonra B. Morton
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 25 AM 9:13

DOCUMENT # L26952 (6)

**1. Corporation Name
G. I. GROUND U.S., INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**8840 SEMNOLE BLVD
SEMNOLE FL 34642
US**

Mailing Address

**8840 SEMNOLE BLVD
SEMNOLE FL 34642
US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
10/31/1989**

**3a. Date of Last Report
04/20/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

**4. FEI Number
98-0105771**

**Applied For
Not Applicable**

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

**6. Election Campaign Financing
Trust Fund Contribution**

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFSTRA, PETER T.
8840 SEMNOLE BLVD
SEMNOLE FL 34642**

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 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 PD
NAME GROUND, GORDON
STREET ADDRESS 58 KEYSTONE AVE.
CITY-ST-ZIP TORONTO ONTARIO CANAD**

**1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

**TITLE VPD
NAME GROUND, VERONICA
STREET ADDRESS 58 KEYSTONE AVE
CITY-ST-ZIP TORONTO ONTARIO CANAD**

**2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**TITLE SD
NAME GROUND, VERONICA
STREET ADDRESS 58 KEYSTONE AVE.
CITY-ST-ZIP TORONTO ONTARIO CANAD**

**3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

**TITLE TD
NAME GROUND, GORDON
STREET ADDRESS 58 KEYSTONE AVE.
CITY-ST-ZIP TORONTO ONTARIO CANAD**

**4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

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 110.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Veronica Ground
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11 1995
Date

Daytime Phone #