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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35201

(7)

G & G ENTERPRISES, INC.

Principal Place	of Business	Malling Address		*	DÍÐIS MIÐUS MIÐUN ÖNDIN ÐEÐUN ÐIÐSE IÐÐI
2192 WC 48 HNYY 48 AT 1-75 - PO BOX 849 BUSHNELL FL 33513		P. O. BOX 849 8USHNELL FL 33513-0849 US	1		
U\$				3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 08/14/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		65-0159805	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curren			10. Name and Address of New Reg	
GOS	SLA, AARIF		81 Name		
HWY 48 AT INTERSTATE 75			82 Street Addre	ss (P.O. Box Number is Not Acceptabl	c)
BUS	HNELL FL 33513		83	, (TOTAL)	
4 -			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the above-named corporation	oration submits this statement for the pu	urpose of changing its registered
agent. I a	m familiar with, and accept the oblige	ation of action 607.0505, Fig	olda Statues.	on's board of directors. Thereby accep	20/20
SIGNATURE	Signature, typod or printed name of registery age	ent and title if applicable (NOT	2 CAUNGES E: Registered Agent High state require	d when reinstating)	5/20/9/
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	POT	DELETE	1.1 TITLE		Change Addition
NAME	GOSLA, YUSUF M.		1.2 NAME		
STREET ADDRESS	HWY 48 AT 175 - POB 849		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BUSHNELL FL VSD	DELETE	1.4 C(1Y-S1-ZIP 2.1 TITLE		Change Addition
NAME	GOSLA, AARIF	Land Office 10	2.2 NAME		CT Outside
STREET ADDRESS	HWY 48 AT 175 - POB 849		2 3 STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CHY-S1-7IP 6.1 VILE		Change Addition
NAME			62 NAME		
STREET ANNOISES			6.3 BIRLLI YUWOSOG		

14. I do 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receipt or trusted 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 the an adachment with an address.