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Jan 21 1998 8:00am
Secretary of State

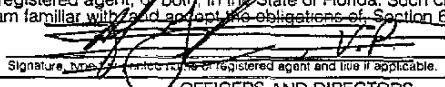
PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L35201		(7)
1. Corporation Name G & G ENTERPRISES, INC.		

Principal Place of Business 2192 WC 48 HWY 48 AT I-75 - PO BOX 849 BUSHNELL FL 33513 US	Mailing Address P. O. BOX 849 BUSHNELL FL 33513 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent		81 Name 82 Street Address 83 84 City
GOSLA, AARIF HWY 48 AT INTERSTATE 75 BUSHNELL FL 33513		No change

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporate officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.	
SIGNATURE 	Signature, name, and address of registered agent and true if applicable. (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GOSLA, YUSUF M. HWY 48 AT I75 - POB 849 BUSHNELL FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOSLA, AARIF HWY 48 AT I75 - POB 849 BUSHNELL FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.	
SIGNATURE:	