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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35201

(7)

G & G ENTERPRISES, INC.

FILED Jan 21 1998 8:00am Secretary of State

	enten moco, mo					
Principal Place of Business Mailing Address						
2192 WC 48 P. O. BOX 849						
HWY 48 AT 1-75 - PO BOX 849 BUSHNELL FL 33513						DO NOT WRITE IN THIS SPACE
BUSHNELL FL 33513 US						3 Date Incorporated or Qualified
						12/07/1989
Principal Place of Business 2a. Mailing Address				_		4. FEI Number Applied For
21 26						65-0159805 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip			mtm		Trust Fund Contribution	
	 		Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No
24	25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
Od Norse					Name	
GOSLA, AARIF HWY 48 AT INTERSTATE 75				-	Otro at A data	(D.O. D. M. H. L. W. L.
	SHNELL FL 33513			82	Street Addre	ass (P.O. Box Number is Not Acceptable)
	STATELET E GOOTS			83		, , , , , , , , , , , , , , , , , , , ,
				84	City	85 Zip Code
					•	F<u>L</u>
11. Pursuant to the provisions of Sections 607 2502 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 fact day on the obligations of, Section 607.0505, Florida Statutes.						
agent. I am lamillar with ad appoint he obligations of Social of angent agent. I am lamillar with adapt the obligations of Social of Soc						
SIGNATURE 4710						
				d Age	nt signature required	
12. TITLE	PDT OFFICERS AND	DELETE	13. 1.1 Ti	T! E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	GOSLA, YUSUF M.	[1.2 NAME			Change Lit Mouton
STREET ADDRESS	HWY 48 AT 175 - POB 849				ADDRESS	
CITY-ST-ZIP	BUSHNELL FL		1.4 CMY-			1 1
TITLE	VSD	DELETE	2.1 TITLE		1-211	☐ Change ☐ Addition
NAME	GOSLA, AARIF		2.2 NAME			-
STREET ADDRESS	HWY 48 AT 175 - POB 849		2.3 STREE		ADDRESS	
CITY-ST-ZIP	BUSHNELL FL		2.4 C	m-s	T-ZIP	
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 N/	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	·		3,4. C		T-ZIP	
TITLE		DELETE	4.1 Tr			Change Addition
NAME			4. 2 N			
STREET ADDRESS			4.3 ST	REET	ADDRESS }	
CITY-ST-ZIP		DELETE	4.4 Ci		- ZIP	Change Addition
TITLE		TT DETEN	5.1 TF			Change Addition
NAME CTREET ADDRESS			5.2 N/		4000000	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE		1 - 4IP	☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CI			
	ertify that the information supplied wit	h this filing does not qualify for				section 119.07(3)(i), Florida Statutes. I further certify that the information a shall have the same legal effect as if made under oath; that I am an
indicated	on this annual report or supplemental	annual report is true and acc	urate and	tha!	it my signature	shall have the same legal effect as if made under oath; that I am an

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 regeiver 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 if changed, or on an accuracy with an address.

SIGNATURE:

15/18

352-568-0070