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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L49321

(7)

G V INDUSTRIES, INC.				 		
Principal Place	of Business	Mailing Address				
1200 CLINT MOORE ROAD SUITE 5************************************				3. Date Incorporated or Qualific 02/07/1990	ed 3a. Date of Last Report 06/22/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2992321	Not Applicable	
Suite, Apt. 4	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$9.75 Auto	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zıp	Country 30		for intangible tax under s 199.032, Yes No	
55.1	9. Name and Address of Curre		1771	10. Name and Address of Ne		
	HORACIO J. FAIRWAY, WEST FL 34997		83	Address (P.O. Box Number is Not Accep		
			84 Cit		FL 85 Zip Code	
SIGNATURE _		it and lifte if applicable. (N ID DIRECTORS	S. OTE: Registered Agent signa		DATE OFFIČERS AND DIRECTORS IN 12	
TITLE	D	■ DELETE	1. 1 TITLE		☐ Change ☐ Addition	
NAME	VITTINI, HORACIO J.		1.2 NAME			
STREET ADDRESS	2980 SE FAIRWAY, WEST		1.3 STREET ADDRE			
CITY - ST - ZIP TITLE	STUART FL	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition	
NAME .			22 NAME			
STREET ADDRESS			2 3 STREET ADDRE			
CITY-ST-ZIP			24 CITY-ST-ZIP			
THILE		☐ DELETE	3 1 TITLE	,	Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDR			
CITY-ST-ZIP		Florers	3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4. 1 TITLE		Change 🔲 Addition	
NAME PERFET ADDRESS			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRE			
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-ST-ZIP 5. 1 THILE		Change Addition	
NAME			5.2 NAME		C change C vocition	
STREET ADDRESS			5.3 STREET ADDRE			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
THTLE		DELETE	6. 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		- 8000	
STREET ADDRESS			6 3 STREET ADDRE			
CITY - ST - ZIP			64 CITY-ST-ZIP			
certify that oath; that I	the information indicated on this ann	ual report or supplemental and pration or the receiver or truste	iual report is true and ie empowered to exe	lify for the exemption stated in Section 1 curate and that my signature shall have e this report as required by Chapter 607	the same legal effect as if made under	