

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

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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L53007** (5)  
1. Corporation Name  
**G.V.A., INC.**



Principal Place of Business <b>25 OLD KINGS ROAD NORTH STE 4B PALM COAST FL 32137 US</b>	Mailing Address <b>25 OLD KINGS ROAD NORTH STE 4B PALM COAST FL 32137-6245 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/22/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3077062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHIUMENTO, MICHAEL D., ESQUIRE 4 OLD KINGS ROAD NORTH SUITE B PALM COAST FL 32137</b>	
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81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	3 CROOKED TREE TRAIL
STREET ADDRESS	ORMOND BEACH FL
CITY-ST-ZIP	PD
TITLE	NAME
NAME	GAZZOLI, JOHN
STREET ADDRESS	3 COLE PLACE
CITY-ST-ZIP	PALM COAST FL
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Change Addition
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Change Addition
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Change Addition
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Change Addition
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Change Addition
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Change Addition

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 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, if changed, or on an attachment with an address.

SIGNATURE: John R. Gazzoli 3/21/97 (904) 445-9002  
DATE DAYTIME PHONE

CR2E034 (9/96)