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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300003565 (7)

G & E, INC.

Principal Place of Business

3. Date Incorporated or Qualified   3e. Date of Last Report   1/11/1983   2. Principal Place of Eusiness   2e. Making Address   4. FEI Number   Applied For   Applied For	6800 N. FEDER BOCA RATON		BOC	6900 N. FEDERAL HWY. BOCA RATON FL 33487-1628										
2. Name and Address of Exercises   2. Authoring Address   6. Certificate of Statuts Desired   Fig. 7.5 Address   6. Certificate of Statuts Desired   Fig. 7.5 Address   Fig. 7.5 Address	US				U\$									
Suite, Apt #, etc.  Trust Fund Controlution  Applicable  Sport Country  Zip	2. Principal P	lace of Busines	2a. N	2a. Mailing Address				<del></del>		1 00,		polied For		
Suito, Apt #, etc.   Suito, Apt #, etc.   Suito, Apt #, etc.   Situation of Status Deered   F8.75 Additional   Per Required   City & State   State	21		26	26					i .		<del>                                      </del>			
27   Country   28   State   City & State   City & State   City & State   Sta		#, etc.										<del></del>		
20   20   20   20   20   20   20   20	22							·····		<u></u>	Fee Re	equired		
Zyp	City & State	0		hamman f					, , ,					
9. Name and Address of Current Registered Agent  CHURCHES, ELVA 6500 N FEDERAL HIGHWAY BOCA RATION FL 33487  83  Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607 6500 Agent 607 6500 Registered Sections and Registered Agent I are I straight with, and accept the obligations of Section 607 6500 Registered Sections and Registered Agent I are I straight with, and accept the obligations of Section 607 6500 Registered Sections and Registered Agent I are I straight with, and accept the obligations of Section 607 6500 Registered Sections and Registered Agent Registered Sections in Section 607 6500 Registered Sections and Registered Agent Registered Sections in Section 607 6500 Registered Sections and Registered Agent Registered Regi		Country									intangible			
CHURCHES, ELVA SOO IN FEDERAL HIGHWAY BOCA RATON FL 33487  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Variety  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 697 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent I and Issuellar with, and except the obligations of, Section 607 0505, Florida Statutos  850KMATUR  81 DELETE 1 THE  PHURCHES, ELVA 800 N. FEDERAL HWY.  10 DELETE 2 TIME  10 DELETE 2 TIME  10 DELETE 3 TIME  2 STREET ADDRESS  10 THE 10 DELETE 3 TIME  2 STREET ADDRESS  10 THE 10 DELETE 4 TIME  10 DELETE 4 TIME  10 DELETE 4 TIME  10 DELETE 5 TIME  10 DE	24	25	]	29	a ao									
FOUNT ITS LEVA  8000 N FEDERAL HIGHWAY BOCA RATON FL 33487  82 Street Address (P.O. Box Numbor is Not Acceptable)  83 Street Address (P.O. Box Numbor is Not Acceptable)  84 City  85 Street Address (P.O. Box Numbor is Not Acceptable)  86 Street Address (P.O. Box Numbor is Not Acceptable)  87 Street Address (P.O. Box Numbor is Not Acceptable)  88 Street Address (P.O. Box Numbor is Not Acceptable)  89 Street Address (P.O. Box Numbor is Not Acceptable)  80 Street Address (P.O. Box Numbor is Address (P.O. Box Numbor is Acceptable Address (P.O. Box Numbor is Ac		9. Name an	d Address of Cur	rent Registe	h									
BS00 N FEDERAL HIGHWAY BOCA RATON FL 33487    B2	CHU	JRCHES, ELV	A				81	Nar	ne					
BOCA RATON FL 33487    B3     Set   City   FL   Bs   Zip Code					BD Street Adv			ot Adds	one (B.O. Boy Number in Not Accepted	-le\				
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 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 laminar with, and accept the obligations of Section 607 0506, Florida Statutes, the above agent laminar with, and accept the depointment as registered agent laminar with, and accept the obligations of Section 607 0506, Florida Statutes (NDT Registered agent).  SIGNATURE  SIGNATURE  OF FIGERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTE.  OF FIGERS AND DIRECTORS IN 12  12. What I sheet Address I					82 Street Add			iet Addit	ess (r.o. box number is not Acceptal	леј				
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 agent. Join the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent. Lam familiar with, and accept the collegations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, tyced or prefet familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the component of the purpose of changing its registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the com		WATER ON THE	od to:				83	<del> </del>						
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 agent. Join the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered agent. Lam familiar with, and accept the collegations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, tyced or prefet familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of the appointment is registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the component of the purpose of changing its registered agent. Lam familiar by the component of the purpose of changing its registered agent. Lam familiar by the component of the com														
11. Previount to the provisions of Soctions 607 5002 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes  SIGNATURE    Signature type of printed familiar with, and accept the obligations of, Section 607 0506, Florida Statutes  SIGNATURE   Signature type of printed familiar with, and accept the obligations of, Section 607 0506, Florida Statutes  SIGNATURE   OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TILE							84	City	,		El	<b>85</b> Zip	Code	
ceffice 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 1 and accept the obligations of Section 607 0505. Florida Statutes 1.  SIGNATURE  Signature, typed or printed frame of registered agent and title diagnification. (NOTE Registered Agent alignature required when reinstating)  DATE  12.	44 Durament													
Part	office or n	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered. I												
INILE P CHURCHES, ELVA 12 NAME 13 NAME 12 NAME 13 NAME	SIGNATURE	Signature, typed or p	orinted name of registered	l agent and tille if a	applicable (NC	OTE Regi	stered Ag	eni signa	alure require	ed when reinstating)	DATE	-,		
ANME SIRRET ADDRESS BOCA RATON FL  DELETE 1.1 TITLE  MAME SIRRET ADDRESS CITY-ST-2P  DELETE 2.1 TITLE  MAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-2P  DELETE 3.1 TITLE  DELETE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-2P  DELETE 4.1 TITLE  DELETE 4.1 TITLE  DELETE 5.1 TITLE  DELETE 5.1 TITLE  DELETE 4.1 TITLE  DELETE 5.1 TITLE DELETE 5.1	12.		OFFICERS	AND DIRECT	DIRECTORS 13			13.		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	RS IN 12	
SIREET ADDRESS DITY-ST-ZIP DELETE 2.1 TILE DELETE 3.1 TILE DELETE 4.1 TILE DELETE 5.1 TILE DEL	TITLE	P			DELETE		I.1 TITLE					Change	Addition	
DELETE 21 TITLE Change Addition  NAME SIREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITL	NAME	CHURCHES	S, ELVA			1	I.2 NAME		1					
ITILE  IDELETE  2 TITILE  2 NAME  2 STREET ADDRESS  CITY-ST-ZIP  DELETE  3 TITLE  DELETE  3 TITLE  Change  Addition	STREET ADDRESS	6900 N. FE	DERAL HWY.				.3 STREE	T ADDRE	ss					
ITILE  IDELETE  2 TITILE  2 NAME  2 STREET ADDRESS  CITY-ST-ZIP  DELETE  3 TITLE  DELETE  3 TITLE  Change  Addition	CITY-ST-ZIP	BOCA RATO	ON FL			Ī,	i.4 CiTY-S	ST-ZIP	- [				ľ	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS GITY-ST-ZIP TITLE DELETE 41 THE AME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 THE AME 43 STREET ADDRESS CITY-ST-ZIP THE DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE D	TITLE				DELETE							Change	Addition	
CITY: ST-ZIP  DELETE 31 TITLE  STREET ADDRESS CITY: ST-ZIP  DELETE 4.1 THE  DELETE 5.1 TITLE  Change Addition  NAME  Addition  NAME  Addition  NAME  Addition  NAME  ASSERT ADDRESS CITY: ST-ZIP  ACTIVEST-ZIP  DELETE 5.1 TITLE  DE	NAME					1 2	2.2 NAME							
CITY: ST-ZIP  DELETE 31 TITLE  STREET ADDRESS CITY: ST-ZIP  DELETE 4.1 THE  DELETE 5.1 TITLE  Change Addition  NAME  Addition  NAME  Addition  NAME  Addition  NAME  ASSERT ADDRESS CITY: ST-ZIP  ACTIVEST-ZIP  DELETE 5.1 TITLE  DE	STREET ADDRESS						3.3 STREE	T ADDRE	ss					
ITILE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE ADDRESS CITY-ST-ZIP DELETE 41 TILE DELETE 51 TITLE 51 T		ļ					2 4 CiTY -	ST-7(P	1					
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TILE DELETE 4.1 TILE DELETE 4.1 TILE DELETE 4.1 TILE DELETE 4.2 MAME  4.2 MAME  4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 to reupelemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602. Florida Statutes are direct or after the 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 Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602. Florida Statutes and that my name	TITLE				DELETE							Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TILE DELETE 4.1 TILE DELETE 4.1 TILE DELETE 4.1 TILE DELETE 4.2 MAME  4.2 MAME  4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 to reupelemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602. Florida Statutes are direct or after the 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 Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602. Florida Statutes and that my name	NAME						2 NAME		İ					
CITY-ST-ZIP  TILL  DELETE  4.1 TILE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  DELETE  4.1 TILE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TILLE  STREET ADDRESS  CITY-ST-ZIP  TILLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TILLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TILLE  CHANGE  STREET ADDRESS  CITY-ST-ZIP  TILLE  CHANGE  STREET ADDRESS  CITY-ST-ZIP  TILLE  CHANGE  STREET ADDRESS  CITY-ST-ZIP  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 Change 607. Bridges and that my name	·							T ADDRE	ss					
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME SIREET ADDRESS CITY- ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY- ST-ZIP TITLE CHANGE STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-						L			··					
STREET ADDRESS CITY-ST-ZIP  A4. CITY-ST-ZIP  DELETE 5.1 TITLE  DELETE 5.1 TITLE  Change Addition 5.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  Change Addition 6.2 NAME  TITLE  Change Addition Change Addition	TITLE	t			DELETE						············ <del>* :</del>	Change	Addition	
STREET ADDRESS CITY-ST-ZIP  A4. CITY-ST-ZIP  DELETE 5.1 TITLE  DELETE 5.1 TITLE  Change Addition 5.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  Change Addition 6.2 NAME  TITLE  Change Addition Change Addition	NAME						1					-		
CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  Change Addition  5.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Change Addition  Change Addition	ĺ					•			ss (					
TITLE    DELETE   5.1 TITLE   Change   Addition	****													
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  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					DELETE	_						Change	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP  Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP  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	NAME								.					
CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.2 NAME  5.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  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	STREET ADDRESS							t addre	ss					
TITLE  DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 6.4 CITY - ST - ZIP 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														
NAME  STREET ADDRESS  CITY-ST-ZIP  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	TITLE	f			DELETE				1-			Change	Addition	
STREET ADDRESS  CITY-ST-7IP  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	NAME					ŀ,	S.2 NAME							
6.4 CITY-ST-ZIP  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	1								ss					
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														
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	14, I do herel					alify for	the exe	emptio						
anneges in Riock 12 or Block 13 it changes o <del>r so o</del> n attachment an artifices	informatio	on indicated on officer or directo	this annual report in the corporation	or supplemer	ntal annual report is ver or trustee empo	s true a owered	nd acc	urate a	and that	my signature shall have the same leg	al effect a	s if made un	der oath; that	

SIGNATURE:

2/6/97

561-997-688

**FILED** 

Feb 11 1997 8:00am

Secretary of State

ne trione #