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

P93000070207 (4) **DOCUMENT #**

GSH INDUSTRIES, INC.										
Principal Place of	f Business	M	failing Address			,	1 1981/89/ 150 19/00 11/1/ 88/1/ DE1/	HOUSEL BUILD H		ii va iii i s ii 190 1
222 LAKEVIEW	AVE		222 LAKEVIEW AVE							
180-263 160-263				MALLI EDACIL EL 20401						
WEST PALM BEACH FL 33401 US		WEST PALM EBACH FL 33401 US							of Last Report /10/1995	
2. Principal Plac	o of Rusinass	20	. Maihng Address				4. FEI Number	-l `	70, 70, 10	Applied For
2. Principal Frace of Educatess			5				13-3737383	Not A		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
2		27	<i>i</i>]				3. Continued of States Bosins		Fee	Required
City & State			City & State				6. Election Campaign Financing			O May Be
3		28					Trust Fund Contribution			ed to Fees
Zip 24	Country 25	29	- Zip 	30	intry		8. This corporation has liability for Florida Statutes Yes	intangible t : No	ax unuer s	199.002,
4	g. Name and Address of Currer		stered Agent	1001	Τ		10. Name and Address of New F	Registered	Agent	
					81	Name				
SCHMIDT, HENRY E JR					Street Artri	Street Address (P.O. Box Number is Not Acceptable)				
	LAGLER RD				Street Add	3C Address (F.O. Box Number is Not Acceptable)				
	ALM BEACH FL 33401				83					
					84	City			85 2	Zip Code
					ĺ	′		<u>Fl</u>	_ '	•
SIGNATURE	gnature, typed or printed have of registered agen	AUI	lude p	ANTE Flograture			oration submits this statement for the pured of directors. Thereby accept the appropriate of the pured of directors and the pured of th	4)		
12.	OFFICERS AN	ID DIRE		13.			ADD/HONS/CHANGES TO OF		D DIRECT	
TITLE	D COUNTRY LIENDY E ID		☐ DEFELE	1.1					Criange	[] Addition
NAME	SCHMIDT, HENRY E JR 1125 N FLAGLER DR			121		1 ADDRESS				
STREET ADORESS CITY-ST-ZIP	WEST PALM BEACH FL					ST - ZIP				
TITLE	TEOT THE BETOTT E		DELETE	···	TILL				Change	☐ Addition
NAME				221	:AM					
STREET ADDRESS				235	STREE	T ADDRESS				
CITY - ST - ZIP				240	MY :	ST-Z-P				
TITLE			DELETE	_ E -	TITL:				☐ Change	. Addition
NAME				321						
STREET ADDRESS						T ADDRESS				
CITY - ST - ZIP TITLE			DELETE		TITL:	ST-ZIP			☐ Change	Addition
NAME				ľ	NAM	İ				_
STREET ADDRESS						I ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			☐ DELFTE		TITLE				☐ Changi	Addition
NAME				5.2	NAMI.					
STREET ADDRESS				5.3	STREE	1 ADDRESS				
CITY - ST - ZIP						ST - ZIP			[] (*****	• FT #ddition
TITLE			☐ DELETE		TITLE				☐ Change	e
NAME					NAMI.	1				
STREET ADDRESS						-LADDRESS				
City · St · ZiF	control that the information conclude	(with th	nis filing is voluntarily fo	mished and	t day	S1-7IP es not qualify	for the exemption stated in Section 11	9.07(3)(k). F	lorida Sta	lutes. I further
certify that oath: that I	the information indicated on this an	nual rep poration	ort or supplemental ar or the receiver or trus	nnual report itee empow	tis h	ua and accu	rate and that my signature shall have th his report as required by Chapter 607,	e same ied	a: enect as	s ir made under

SIGNATURE: _

Schwell SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 659 0170