## 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 # P93000074593 (3)

F & G ASSOCIATES, INC.

FILED
May 08 1998 8:00am
Secretary of State

Principal Place	e of Business	Malling Address		7 1991(88) (18 1818) (1111 88111 88111 88111	140 00130 1 <b>00</b> 13 <b>W1881 8</b> 111 <b>E</b> 1	4100 (III 1031	
302 MOCCASIN TRL W JUPITER FL 33458 US		% JUPITER LAW CENTER MARY KOLONICA 6390 INDIANOWN RD STE 30 725 NO AIA JUPITER 67 33458		DO NOT WRITE IN THIS SPACE			
08		JUPIJEN DE 33430	TURITOR FL	3. Date Incorporated or Qualified			
		•	32477	10/20/1993			
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	F	Applied For	
21		26		65-0464380		Vot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28	T	Trust Fund Contribution	·	d to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa			
24	25 25 Name and Address of Curren	nt Registered Agent	30	Personal Property Tax due June  10. Name and Address of New Re		∐ No	
~		III Neglisteres Agent	81 Name		<del> </del>		
GUMSUN, MUNANU P				RY L. KOLDRICK	CPA		
6390 INDIANTOWN RD CHASEWOOD PLZ STE 30			1	ess (F.O. Box Number is Not Acceptab	జీ౽లు		
	PITER FL 33458		72.5 83	N.AIA STE	5-4		
Jym	riigh FL 33436						
			84 °5 up	ITER.	FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Florida Statu	tes, the above-named corpo	oration submits this statement for the p	ourpose of changing	its registered	
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized by the corporation	on's board of directors. I hereby accep	ot the appointment a	s registered	
	nn famelian south and accept the onlig	Jalions W. Section 607, 1500, P	o loa statules.		Mailag		
SIGNATURE	Signature typed or surged name of regulered ag	jest and title it applicate (NO	11: Registered Agent signature require	od when reinstating)	DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	PRS IN 12	
TITLE	P.	DELET <b>e</b>	1.1 TITLE		☐ Change	Addition	
NAME	GULISANO, ANN		1.2 NAME				
STREET ADDRESS	302 MOCCASIN TRAIL W		1.3 STREET ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CITY - SI - ZIP				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		· · · · —	2. 4 CITY - ST - ZIP				
TITLE		L_] DELETE	3.1 TITLE		L. Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP		Distret	3.4. CITY-ST-ZIP				
TITLE	•	∐ DELETÉ	4.1 TITLE		∟_ Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	<del></del>	Change	Addition	
TITLE		[ ] Stiff	5.1 TITLE		C cuanta	CT Addition	
NAME OTDETT ADDDESS			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-\$T-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	
NAME		_ otten	6.2 NAME		دورسیون کے	roution	
			1				
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS				
	ertify that the information supplied w	vith this filing does not qualify t	6.4 City-St-ZiP for the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I	further certify that th	ne information	
indicated officer or o	on this annual report or supplement	al annual report is true and accelerate or trustee empowered to	curate and that my signature	e shall have the same legal effect as if ired by Chapter 607, Florida Statutes;	f made under oath; th	hat I am an	