FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P94000045995 (5)**

1. Corporation Name

4G ENTERPRISES OF BREVARD, INC.

Principal Place of Business	Mailing Address
849 BARTON BLVD. ROCKLEDGE FL 32955	849 BARTON BLVD. ROCKLEDGE FL 32955

3. Date Incorporated or Qualified: 06/21/1994

3a. Date of Last Report: 03/13/1995

4. FEI Number: 59-3254562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LAGANO, ALBERT S
1900 PALM BAY ROAD NE
STE. G
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ave-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 thorporation'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: Registe Agent signature required when re nstating) DATE

12. OFFICERS AND DIRECTORS			1: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDHI, DINESH C 217 W. HIBISCUS BLVD. MELBOURNE FL 32901	☐ DELETE	1TLE / 1ME / 1REET ADDRESS / 1TY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDHI, MANHAR C 217 W. HIBISCUS BLVD. MELBOURNE FL 32901	☐ DELETE	2TLE / 2ME / 2REET ADDRESS / 2Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDHI, SURESH C 217 W. HIBISCUS BLVD. MELBOURNE FL 32901	☐ DELETE	3TLE / 3ME / 3REET ADDRESS / 3Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDHI, PRAVIN C 217 W. HIBISCUS BLVD. MELBOURNE FL 32901	☐ DELETE	4LE / 4ME / 4EET ADDRESS / 4Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5LE / 5E / 5EET ADDRESS / Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	LE / E / EET ADDRESS / Y-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished oes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual re 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 empd to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: X Pravin C Gandhi 04/15/96 X(407)783-1573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DR — Date — Daytime Phone #