SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000060239 (8)

GSB RETAIL GROUP, INC.

APPROVED AND FILED

97 AUG 13 AM 11: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address		1 1001/001 110 10/11 0/01 00/11 80/11 80/11	II BBITO OFFIF OUTIN HOUR THIN TOTAL TOUL
2433 SOUTH HIAWASSEE ROAD 2433 SOUTH HIAWASSEE ROAD			
ORLANDO FL 32835 ORLANDO FL 32835		DO NOT WRITE I	N THIS SPACE
		3. Date Incorporated or Qualified	3a. Date of Last Report
		08/16/1994 4. FEI Number	01/21/1997
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 26		59-3261371	Not Applicable
Sulte, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
27		 	
City & State City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
	Country	This corporation owes or has paid	
24 25 29 30	····· ,	Personal Property Tax due June 3	` _ ` i
9. Name and Address of Current Registered Agent		10. Name and Address of New Reg	
Brown, Gregory H	81 Name	-	
2433 SOUTH HIAWASSEE ROAD	82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
ORLANDO FL 32835		230 (1.0. Dox Humbor to Hot Noophabi	·,
	83		
,	84 City		FL 85 Zip Code
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 of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purp			
Pursuant to the provisions operations but to be purpose of changing its registered agent, it am familiar out to the purpose of changing its registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the distance of socion 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or pright byfor option and tille if appricable. (NOTE: Bogistered Agent signature required when reinstailing) DATE OATE		8-7-97 DATE	
12. OFFICERS AND DIRECTORS 13	3.	ADDITIONS/CHANGES TO OFFICE	
TITLE PD DELETE 1.1	1 TITLE S	_	Change 🔀 Addition
NAME BROWN, GREGORY H	2 NAME SU	ZANNE Brown	
***************************************	3 STREET ADDRESS 🞝 🧘	133 S. Hiawassee R	COAD
		RIANDO IFL 328	
TITLE DELETE 2.1	1 TITLE		
		2000 - 2000 ACOM ACOM ACOM - 2000 - 2000	Change
NAME 23	2 NAME	8000022	Change Addition
NAME STREET ADDRESS 23	2 NAME 3 STREET ADDRESS	-08/18/9	Change
NAME 27 STREET ADDRESS 25 CITY-ST-ZIP 2	2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	-08/18/9	☐ Change ☐ Addition 7 ☐3385 7 01138007 .00 ****165.00
NAME 23 STREET ADDRESS 23 CITY-ST-ZIP 2 TITLE □ DELETE 3	2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	-08/18/9	Change
NAME 23 STREET ADDRESS 23 CITY-ST-ZIP 2 TITLE DELETE 3 NAME 34	2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TILLE 2 NAME	-08/18/9	Change Addition 703385 7-01138007 .00 ****165.00
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NAME 23 STREET ADDRESS 25 CITY-ST-ZIP 2 TITLE DELETE 35 NAME 35 STREET ADDRESS 33 CITY-ST-ZIP 34	2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-SI-ZIP	-08/18/9	Change Addition 7 3 3 8 5
NAME 23 STREET ADDRESS 23 CITY-ST-ZIP 2 TITLE □ DELETE 3 NAME 32 STREET ADDRESS 33 CITY-ST-ZIP 34 TITLE □ DELETE 4	2 NAME 3 STREET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-SI-ZIP 1 TITLE	-08/18/9	Change Addition 703385 7-01138007 .00 ****165.00
NAME 2.3 STREET ADDRESS 2.3 CITY-ST-ZIP 2 TITLE □ DELETE 3.4 NAME 3.4 STREET ADDRESS 3.5 CITY-ST-ZIP 3.4 TITLE □ DELETE 4.5 NAME 4	2 NAME 3 STHEET ADDRESS 4 CITY-SI-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4. CITY-SI-ZIP 1 TITLE 2 NAME	-08/18/9	Change Addition 7 3 3 8 5
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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 france, or on an attachment with an address. 407-297-8672