SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** #

P94000083043 (7)

G-S-K ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address						IIIM BOM I OLOBO IMM IOO
P.O. BOX 1420 P.O. BOX 1420 ST. AUGUSTINE FL 32085-1420 ST. AUGUSTINE FL 3208			L 32085-1420	-1420		3. Date incorporated or Qualified		e of Last Report
- D: : ID:	(6)					11/09/1994 4. FEI Number	107	11/1995
	ace of Business	2a. Mailing Address				APPLIED FOR 59-3	34747	Applied For Not Applicable
Suite, Apt 4	t ele	26   Suite Apt. #, e	tr			AFFLIED FOR 3 1 3		\$8.75 Additional
22	, 0.0	27				5. Certificate of Status Desired	X	Fee Required
City & State	!	City & State				6. Election Campaign Financing		\$5.00 May Be
23		28				Trust Fund Contribution	L	Added to Fees
Zıp	Country	Zip	Сои	ntry		8. This corporation has liability for i		,
24	25	[29]	30			Florida Statutes	Yes X	No
	9. Name and Address of Curr	rent Registered Agent		B1 Na	anie	10. Name and Address of New Re	gisterea A	gent
	SBIT, GLENN A							
	O PINE CIRCLE WEST			<b>82</b> St	reet Addre	ss (P.O. Box Number is Not Acceptab	le)	
ST.	AUGUSTINE FL 32095			83				
				<b>84</b> Cı	ty		FL	85 Zip Code
12.	Signature is sed or printed name of the gottered OFFICERS A	agent and the if applicable  AND DIRECTORS  DELI	(NOTE Registered	l Agents g		ADDITIONS/CHANGES TO OFFIC	DERS AND	DIRECTORS IN 12 Change Addition
TITLE	•	L. Ditti			1 th	esident	L	TCDEFFCLION,
namé Street address	NESBIT, GLEEN A 6420 PINE CIR. W.		12 NA	REET ADOF				
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		1.3.31	HELL MOOI		LENN /TI/VEDGE I		-
TITLE			1.4.03	TY - ST - ZIE		LENN 17. MESSEL 120 PINELIEUE WEST 1. AUGUSTINE 176.32	095	
		DFL		TY - ST - ZIF	رگر ک	LENN A. NESBIT 120 PINECIEULE WEST TAUGUSTZNE, IZL.32	2095	Change Addition
NAME		DEL		ı F	رگر ا	120 PINECLEULE WEST 1. AUGUSTZNE, 1-6.32	2095	Change Addition
]		DEL	FTE 2174 22 NA	ı F		120 PINECLEULE WEST TAUGUSTINE, 1-6,32	2095 L	Change Addition
NAME			FIE 21191 22 NA 23 SI 2 4 C	LE ME	RESS	120 PINECIECLE WEST TAUGUSTINE, 1-6,32	095 [	
NAME Street address		DEL	FTE 2170 22 NA 23 ST 2 4 C ETE 31 TH	LE IME REET ADDF ITY - ST - ZI ILE	RESS	120 PINECIECLE WEST TAUGUSTINE, 176,32	2095 L	Change Addition  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			FTE 2171 22 NA 23 ST 2 4 C ETE 31 TH 32 NA	LE ME REET ADDF TY - ST-ZI ILE ME	RESS	LENN H. MESSEL LEO PINECIEULE WEST MUGUSTINE, 176,32	2095	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			FTE 2177 22 NA 23 SI 2 4 C ETE 3170 32 NA 33 ST	LE IME REET ADDF ITY - ST - ZI ILE IME REET ADDF	P P RESS	ZO PINECLIEUE WEST JUGUSTINE, IZL. 32	2095 L	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		D£L	FTE 21171 22 NA 73 SI 2 4 C ETE 31111 32 NA 33 ST 34 CI	LE IME REET ADDF ITY - ST-ZI ILE IME REET ADDF ITY - ST-ZI	P P RESS	ZO PINECIEULE WEST AUGUSTINE, 1-6,32	2095	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			FTE 2177 22 NA 23 SI 2 4 CC ETE 3170 32 NA 33 ST 34 CC ETE 4170	LE REET ADDR TY - ST - ZI TLE REET ADDR REET ADDR TY - ST - ZI TLE	P P RESS	120 PINECLIQUE WEST TAUGUSTINE, 1-6,32	2095	
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ruo inereby certify that the information supplied wan this limity is volontality formation and between the same legal effect as it further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or his receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 22 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LICASSES OF DIRECTOR TO SIGNING OFFICER OR DIRECTOR

DISTORTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DISTORTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR