

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000018970 (0)
1. Corporation Name
STUDIO "G", INC.



Principal Place of Business 455 SOUTH ORANGE AVENUE SIXTH FLOOR ORLANDO FL 32801	Mailing Address 455 SOUTH ORANGE AVENUE SIXTH FLOOR ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 667 RED WING DR. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 950-999 Suite, Apt. #, etc.
22 City & State LAKE MARY, FL	27 City & State LAKE MARY, FL
23 Zip 32746	24 Country USA
25 Zip 32795-0999	28 Country USA

3. Date Incorporated or Qualified 02/27/1995	
4. FEI Number 59-3299118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GOUCHENOUR, C. LEE
455 SOUTH ORANGE AVENUE
SIXTH FLOOR
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name GOUCHENOUR, C. LEE		
82 Street Address (P.O. Box Number is Not Acceptable) 667 RED WING DRIVE		
83		
84 City LAKE MARY	85 State FL	86 Zip Code 32746

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation'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 *C. Lee Gouchenour* **C. LEE GOUCHENOUR** **4/28/98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOUCHENOUR, C. LEE	
STREET ADDRESS	667 REDWING DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOUCHENOUR, CRAIG L	
STREET ADDRESS	84 PINE DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	121 BRIDGEWAY CIRCLE
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed or on an attachment with an address.

C. Lee Gouchenour **C. LEE GOUCHENOUR** **4/28/98** **455 SOUTH ORANGE AVENUE**

CR2E034 (10/97)