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

DOCUMENT # **P95000029933 (5)**

1. Corporation Name
G & N OF SOUTH FLORIDA, INC.

Principal Place of Business
5197 NICHOLAS DR
WEST PALM BEACH FL 33417

Mailing Address
5197 NICHOLAS DR
WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified: **04/11/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 17969 FAIROAKS WAY
Suite, Apt. #, etc.
22
City & State
23 BOCA RATON FL
Zip 24 33498 Country 25

2a. Mailing Address
26 17969 FAIROAKS WAY
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL
Zip 29 33498 Country 30

4. FEI Number: 65-0592666 ☐ 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

9. Name and Address of Current Registered Agent

NEUMETZGER, LOTHAR
5197 NICHOLAS DR
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name: ~~GEORGE TRAINOR~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~56 WILBAR AVE~~
83 ~~MILFORD~~
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 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: Pres 1/19/96
Required Signature(s) of Officer(s) or Director(s) Date
NOTE: Registered Agent Signature Required When Changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD NEUMETZGER, LOTHAR 5197 NICHOLAS DR WEST PALM BEACH FL 33417	☐ DELETE	11 TITLE Pres 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	LOTHAR NEUMETZGER 17969 FAIROAKS WAY BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD NEUMETZGER, BEVERLY 5197 NICHOLAS DR WEST PALM BEACH FL 33417	☐ DELETE	21 TITLE SEC. 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	BEVERLY NEUMETZGER 17969 FAIROAKS WAY BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE Vice Pres 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	GEORGE TRAINOR 56 WILBAR AVE MILFORD CT. 06460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE Treasurer 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	HELEN TRAINOR 56 WILBAR AVE MILFORD CT 06460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/16/96 Daytime Phone # 203-877-1343