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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

17969 FAIROAKS WAY
BOCA RATON FL 33498
US

Mailing Address

17969 FAIROAKS WAY
BOCA RATON FL 33498-2010
US

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0592660

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

NEUMETZGER, LOTHAR

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

17969 FAIROAKS WAY

83

84 City

BOCA RATON

FL

85 Zip Code

33498

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

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 P ☐ DELETE
NAME NEUMETZGER, LOTHAR
STREET ADDRESS 17969 FAIROAKS WAY
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE
NAME NEUMETZGER, BEVERLY
STREET ADDRESS 17969 FAIROAKS WAY
CITY-ST-ZIP BOCA RATON FL

TITLE VP TRAINER ☐ DELETE
NAME TRAINER, GEORGE
STREET ADDRESS 56 WILBAR AVE
CITY-ST-ZIP MILFORD CT 06480

TITLE T TRAINER ☐ DELETE
NAME TRAINER, HELEN
STREET ADDRESS 56 WILBAR AVE
CITY-ST-ZIP MILFORD CT 06480

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

George Traine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97

203-877-1343

Date

Daytime Phone #

CR2E034 (9/96)