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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000052864 (2)

Z & G, INC.

Principal Place of Business 1323 NO. MILLS AVENUE ORLANDO FL 32803			Mailing Address 1323 NO. MILLS AVENUE ORLANDO FL 32803-2542								
								3. Date Incorporated or Qualified 06/26/1995	1	e of Last R	eport
2. Principal P	ace of Business	2a. N	Mailing Address					4. FEI Number		<del></del>	plied For
21			26					59-3324022	,	·	t Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc					5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added t		
Zip 24	Country 25	29	Zip Cou <b>30</b>			Florida Statutes			] No	. 199.032,	
	9. Name and Address of Curre	nt Registe	red Agent					10. Name and Address of New Ro	gistered A	gent	
	DAD, GEORGE				81	Name	е				
1323 NO. MILLS AVENUE ORLANDO FL 32803			82			Stree	t Addres	ss (P.O. Box Number is Not Acceptal	ole)		
0142	ALDO I C OLOGO				83						
					84	City			FL	<b>85</b> Zip (	Code
off-ce or r agent ha SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida jations of,	i. Such change was Section 607.0505, F	author Iorida S	ized by Statutes	the co	orporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the appo	changing it intment as	s registered registered
12,	Signature, typed or pented name of registored ag OFFICERS AN				3.	eni Bignatu	ure required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	S IN 12
TITLE	D	ID DINEOI	DELETE		1.1 TITLE		1	7.55110.10,017.11.02.0 10 0.71.		Change	Addition
NAME	HADDAD, GEORGE			1.	2 NAME		ĺ			-	
STREET ADDRESS	1323 NO. MILLS AVENUE			1.	3 STREET	ADDRESS	s				
C)TY-\$1-7/P	ORLANDO FL 32803			1.	4 0 TY - S	7-21P					
TITLE			DELETE	2	1 TITLE					Change	Addition
NAME				2.	2 NAME						
STREET ADDRESS				2	3 STREET	ADDRESS	S		H Mg	-	
City-SI-ZiP			DELETE		4 CITY - S	ST - ZIP				Change	Addition
TUTLE NAME			First Description	1	2 NAME				,	onenge	ALAMINI
STREET ACORESS				1	- /	ADDRESS					
CITY-ST-7/P					4. CITY - S						ļ
THUE			DELETE		1 TITLE					Change	Addition
NAME				4	2 NAME						i
STREET ADDRESS				4	3 STREET	ADDRESS	s				
CITY-SI-ZIP				4	4 C TY-S	T-ZIP					
DICE			☐ DELETE	5	1 TITLE					Change	Addition
NAME				5	2 NAME						
STREET ADORESS				5	3 STREET	ADDRESS	s				
CIFY ST-ZIP		*************		5	4 C TY - S	T-ZIP					
THLF			☐ DELETE	6	1 TITLE					Change	Addition
NAME				6	2 NAME						
STREET ADDRESS				6	3 STREET	ADDRESS	s				

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.

6.4 C-TY-ST-ZIP

CITY-ST ZIP

REGEORGE E. Haddad 4/26/97

**FILED** 

May 01 1997 8:00am

Secretary of State