

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090687 (1)

1. Corporation Name

G & T VENTURES, INC.



Principal Place of Business

**1915 W. 8TH AVENUE
HIALEAH FL 33021**

Mailing Address

**1915 W. 8TH AVENUE
HIALEAH FL 33021**

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

650628247

Applied For

Not Applicable

21. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22. City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23. Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 of the person making a registered agent or director change (if applicable) (Print Name of Registered Agent or Director if Applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BURKE, WILLIAM T	
STREET ADDRESS	% 1915 W. 8TH AVENUE	
CITY-STATE-ZIP	HIALEAH FL 33021	
TITLE	D	☐ DELETE
NAME	STEIN, GARY	
STREET ADDRESS	% 1915 W. 8TH AVENUE	
CITY-STATE-ZIP	HIALEAH FL 33021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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)(k), 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 this 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY STEIN

2-22-96

**305-885-9200
212-7366677**

CR2E034 (12/95)