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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000092213 (4)

FG & SS, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

| Principal Place of Business Mailing Address  |  |                     |                         | P TOOMED I LEG TOTAL SILET OF HE OFFER | ngar mearn vätkin ärman transt träden stat väläs               |   |  |
|--|--|---------------------|-------------------------|--|--|---|--|
| 3400 8 O B   | T  | 2703 ROSE BLVD.     |                         |  |  |   |  |
| D & E ORLANDO FL 32839   |  |                     |                         |  | DO MOT WIDITE  | E IN THI <b>S S</b> PACE                  |  |
| ORLANDO FL 32801 US  |  |                     |                         |  | 3. Date Incorporated or Qualified                              | : IN THIS SPACE                           |  |
| ••   |  |                     |                         |  | 12/05/1995   | ļ   |  |
| 2. Principal P   | lace of Business                                   | 2a. Mailing Address |                         |  | 4. FEI Number  | Applied For                               |  |
| 21   |  | 26                  |                         |  | 59-3347914   | Not Applicable                            |  |
| Suite, Apt   | f, etc. Suile, Apt. #, etc.                        |                     |                         |  | 5. Certificate of Status Desired                               | \$8.75 Additional                         |  |
| 22   | 27   |                     |                         |  | 8. Certificate of Status Desired                               | Fee Required                              |  |
| City & State   | <u> </u>   |                     |                         |  | 6. Election Campaign Financing                                 | <b>\$5.00</b> May Be                      |  |
| 23   | 28 Country 20 Country                              |                     |                         |  | Trust Fund Contribution  | Added to Fees                             |  |
| - <sup>zi</sup> 2つ   |  |                     | Country                 |  | 8. This corporation owes or has pa                             |   |  |
| 24 54  | 9. Name and Address of Current                     | 29 Registered Agent | 30                      |  | Personal Property Tax due June  10. Name and Address of New Re |   |  |
| C  | DRPORATION SERVICE COMPANY                         |                     | 81                      | Name                                   | 10, 144110 4110 14001000 07 1100 110                           | giotolou Agont                            |  |
| 1201 HAYS STREET   |  |                     |                         | 6                                      |  |   |  |
| TALLAHASSEE FL 32301-2525  |  |                     | 82                      | Street Addr                            | Street Address (P.O. Box Number is Not Acceptable)             |   |  |
| THE WITHOUTE TE DECOT EDED   |  |                     | 83                      |  |  |   |  |
|  |  |                     | 84                      | City                                   |  | loci Zin Code                             |  |
|  |  |                     | 04                      | 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  |  |                     |                         |  |  |   |  |
|  | Signature typed or printed name of regulered agent |                     |                         | nt signature requir                    | ed when reinstating)   | DATE                                      |  |
| 12.  | OFFICERS AND                                       | DIRECTORS           | 13.                     |  | ADDITIONS/CHANGES TO OFFIC                                     | CERS AND DIRECTORS IN 12  Change Addition |  |
| NAME   | EDALIGIA I ALIMERAV                                |                     | 1.2 NAME                |  |  | Change Addition                           |  |
| STREET ADDRESS   | 2703 ROSE BLVD.                                    |                     |                         | *DODE CC                               |  |   |  |
|  | ORLANDO FL   |                     | 1.3 STREET              |  |  |   |  |
| CITY-ST-ZIP<br>TITLE   |  |                     | 1.4 CITY-S<br>2.1 TITLE | 1-714                                  |  | Change Addition                           |  |
| NAME   |  |                     | 2.2 NAME                |  |  |   |  |
| STREET ADDRESS   | 2703 ROSE BLVD.                                    |                     | 2.3 STREET              | ADDRESS                                |  |   |  |
| CITY-\$1-ZIP   | ODI ANDO EI  |                     | 2 4 CHY-5               |  |  | 1   |  |
| TITLE  |  |                     | 3 1 TITLE               |  |  | Change Addition                           |  |
| NAME   |  |                     | 3.2 NAME                |  |  | ,   |  |
| STREET ADDRESS   |  |                     | 3.3 STREET              | ADDRESS                                |  |   |  |
| CITY-ST-ZIP  |  |                     | 3.4. CITY-5             | IT-ZIP                                 |  |   |  |
| TITLE  |  | ☐ DELETE            | 4 1 717LE               |  |  | Change Addition                           |  |
| NAME   |  |                     | 4. 2 NAME               |  |  |   |  |
| STREET ADDRESS   |  |                     | 4.3 STREET              | ADDRESS                                |  |   |  |
| CITY-ST-ZIP  |  |                     | 4.4 CITY-S              | T - ZIP                                |  |   |  |
| TITLE  |  | ☐ DELETE            | 5.1 TITLE               |  |  | Change Addition                           |  |
| NAME   |  |                     | 5.2 NAME                |  |  |   |  |
| STREET ADDRESS   |  |                     | 5.3 STREET              | ADDRESS                                |  |   |  |
| CITY 6T 710  |  |                     | £ 4 0171/ 0             | . 70                                   |  |   |  |

14. Thereby 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 an artistical ment with an address

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

NEWAY NOTHERELESS

Addition

**FILED** 

May 19 1998 8:00am

Secretary of State