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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000015926 (4)

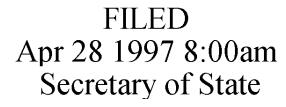
GORDI ENTERPRISES, INC.

Principal Place of Business

1 FLORIDA PARK DR. S., STE. 324

Mailing Address

1 FLORIDA PARK DR. S., STE. 324 PALM COAST FL 32137-3902





PALM COAST F	-L 32137			PALM CO	AST FL 32137-36	W			1					
									-	3. Date Incorporated or Qualifie 02/19/1996	d <b>3a.</b> D	ate of Las	t Report	
2. Principal P	lace of Busine		2a. Mailing Address						4. FEI Number			Applied For		
21 48 Charlotte Street				26 48 Charlotte St				Street		59-3358439			Not Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired			5 Additional	
22			27								·	Required		
City & State 23 St. Augustine, FL				City & State  28 St. Augustine, Fl				ar		6. Election Campaign Financing			00 May Be	
	Augustin				Augusti		دا تا ountry			Trust Fund Contribution	<del>-</del>		ed to Fees	
Zip	ہے ا	Country		7φ Σ1 <b>20</b>	004	n	,		ŀ	<b>8.</b> This corporation has liability to	ior intangible Yes [		r s. 199.032,	
24 32084	4 2	5 USA and Address of		29 32	084	30	U	SA	1.	Florida Statutes  10. Name and Address of New				
900			Obligin 71	egiatereo	Agoin		81	Name			nogistorou	Agont		
SCOTT, JAMES A JR.								Liliana Lopez						
4440 N. OCEANSHORE BLVD., STE. 109 PALM COAST FL 32137							82 Street Address (P.O. Box Number is Not Acceptable) 48 Charlotte Street							
F/\LIN					40	CHARIOTTE STEER			<del></del>					
							83							
							84	City			E-1		ip Code	
dd Duranant	Le the provision	on of Continue (	207.0000	d CO7 456	no Clasida Clati				St	•Augustine ation submits this statement for the	FL	.   <b>3</b>	2084	
office or r	registered ago	nt, or both, in th	ic State of F	Torida Su	ch change was:	authori	zed by	y the corp	poration	ation submits this statement for tr i's board of directors. I hereby ac	cept the app	changing pointment	as registered	
agent. I g	ım familiar wiln	n, and accept th	e obliga/joi	ns of, Sect	on 607.Ď505, Fl	lorida 5	itatute	8.					_	
SIGNATURE/	Xut	printed name of regi	Y	100	state (NIC)	Di Done				Ma when reinstating)	arch 28	, 199	7	
12.	Startate, typed of		BS AND D				3.	int signailare	e redukea v	ADDITIONS/CHANGES TO OF		DIRECT	OBS IN 12	
TITLE	Γ	011101			DELETE		1 70 LE		Dr	esident		Chang		
NAME							2 NAME			liana Lopez				
STREET ADDRESS	1					1		ADDRESS		Charlotte Street				
CITY-ST-ZIP						1	4 CHTY - 5			. Augustine, FL	NAUCE			
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STREET ADDRESS								ADDRESS						
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NAME						6	2 NAME							
STREET ADDRESS						6	3 STREET	ADDRESS						
CITY-ST-ZIP	<u></u>						4 CITY- S							
14. I do herel	by certify that	the information	supplied w	ith this film	g does not qual	lify for t	he exe	emption s	stated in	Section 119.07(3)(i), Florida Stat	utes. I furtho	r certify the	nat the	
lam an o	officer or direct	or of the corpor	ation or the	receiver o	annual report is or trustee empor ment with an ad	wered t	o exec	orace and cute this	report a	y signature shall have the same I is required by Chapter 607, Floric	egai eneci a la Statutes; a	on made and that m	iy name	
1,		/	7*		Λ									