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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030920 (8)

G. H. G. COMPANY, INC.

SIGNATURE: <

Principal Place 13644 A YARM WELLINGTON 1	Mailing Address 13644 A YARMOUTH COUR WELLINGTON FL 33414-773	ARMOUTH COURT						
					 Date Incorporated or Qualified 04/03/1996 	3a. Date	of Last Re	eport
2. Principal Pi 21	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0664330			plied For t Applicable
Suite, Apt		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 A Fee Re	periup
City & State		City & State	Country		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	o Fees
Zip 24	Country 25		Country 30			Yes 🗆 t	No	199.032,
^	g. Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New Reg	istered Aye	ent	
	RLACH, PETER H		82					
13644 A YARMOUTH COURT WELLINGTON FL 33414				Street	Address (P.O. Box Number is Not Acceptable	e)		***
THE	LUNGTON FL 33414		83					
į			94			т.	l' " /	~ -1-
			84	City		FL ¹	85 Zip C	Code
SIGNATURE	am familiar with, and accept the obtaining a second transcent of the control of t	ingent and filler applicable (NOTE			e required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DI	IRECTOR	IS IN 12
TITLE	PRES / TREAS PETER H GERL 13644 A YARMOU WELL, MITON FOR MYCHAEL GARA 1977 Holmon D NOARD Polm Blace	DELETE	1 1 TITLE				Change	Addition
NAME	PETER H GERL	ACA	12 NAME					
STREET ADDRESS	13644 A YAKMOL	A CF	1	ADDRESS				
CITY-SI-ZIP	WELLING TON PE	_ 33917	1.4 City - \$	iT-ZIP			Change	Addition
TITLE NAME	V. Plan / Jerry	DIMER.	21 TITLE 27 NAME			_) Cilaribe	- Augmen
STREET ADDRESS	MICHALL GADA	re c Krije	2 3 STREET	ADDRESS				
CITY-ST-7iP	Nones Polin Bene	1 A 33408	2 4 CHY -					
THE		DELETE	3 1 7171.6				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	i address				
CITY-ST-Z:P			3.4 CITY -	ST - ZIP			·	
TITLE		DELETE	4.1 TITLE			L	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				I ADDRESS				
City-St-ZiP		☐ DELETE	4.4 CITY - 1	ST-ZIP			Change	Addition
TITLE			5.1 TITLE 5.2 NAME		1	_] rustriñe	Lui Addition
NAME Street Adoress				T ADDRESS				
CITY+ST-ZIP TITLE	DELETE		5 4 CITY - ST - ZIP 6 1 TITLE		 		Change	Addition
NAME			62 NAME		\		• •	_
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			64 CITY -:					
informatio	on indicated on this annual report o	or supplemental annual report is tri or the receiver or trustee empowe	rue and acc ered to exer	urate and	stated in Section 119.07(3)(1), Florida Statutes d that my signature shall have the same legal report as required by Chapter 607, Florida St	l effect as if	made und	der oath; tha

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR