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

**PROFIT** CORPORATION **VANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000057276 (3)

GYDOSH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 20 1997 8:00am Secretary of State



CAPE CORAL		CAPE CORAL FL 33991-2973	3			
					3. Date Incorporated or Qualified	1 0 - Date - (1 - 1 Date - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
					07/05/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		^ .	4. FEt Number	Applied For
21 /823	PICADILLY LINCLE	26 1823 PICAT	Dilly	Circle	65-0680731	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6 6	City & State			6. Election Campaign Financing	\$5.00 May Be
23 L' A DE	Cloral FC	28 CADE Lova	al. F	L	Trust Fund Contribution	Addled to Fees
Zip	Country	Zip	Countr		8. This corporation has liability for it	ntangible tax under s. 199.032,
24 334	91 25 L.E.E		30 E	EE.		Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent
GYDOSH, DAVID 81 Name						
1403 SW 15TH TERRACE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33991						
			83	3		
			84	City		<b>85</b> Zip Code
11. Pursuant to the previsions 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 fixed of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lam lam liar with, and accept the disjustions of Section 607.0505, Florida Statutes.						
1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
SIGNATURE Signature, typod or printed name of registered agent and he if applicable (NOTE: Registered Agent signature required when reinstaing)  DATE						
12.	OFFICERS AND		13.	jent signature roquire:	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONO/OFFANGEO TO OFFICE	Change Addition
NAME	GYDOSH, DAVID	<del></del>	1.2 NAME			EJ Vildings EJ Florings
STREET ADDRESS	1403 SW 15TH TERRACE			1 ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33991		1.4 C/TY-			
TITLE		DEVETE	2.1 1ITLE	31-211		Change Addition
NAME			2.2 NAME	}		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			2. 4 CfTY-			
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		•
CITY-ST-ZIP			3.4. CITY-	\$1-ZIP		
TITLE		DELETE	4.1 TOLE			Change Addition
NAME			4. 2 NAME			ļ
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-SI-ZIP			4.4 CITY-	ST-7IP		ŀ
TITLE		DELFTE DELFTE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	ADDRESS		VB 3-10
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-1	ST - ZIP		· · · · · ·
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME		0 41	
STREET ADDRESS			6 3 STREE	ADDRESS	Cank Dep. 4 165:	Q
CITY-ST-ZIP			6.4 CITY - 5		und upp 105	
<ol> <li>14. I do hereb</li> </ol>	by certify that the information supplied	with this filing does not qualify	for the exe	mntion stated i	in Section 119 07(3)(I) Florida Statutos	I further certify that the

bala 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 comparation or the received districted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed, or on an aliach, that with an address. information indicated on this annual r I am an officer or director of the cor-appears in Block 12 of Block 13 if ch