SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Jul 21 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

		1997		TEST P	DIVISION	OF COR		ONS		_	Secre	tai	y (OI 2	iale	
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22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of	of Status Desire	ed [• -	Additional equired	
23	City & Stat	City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
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24		25 29 30								operty Tax due] No	_	
g, Name and Address of Current Registered Agent								Name		10. Name and	Address of No	w Regis	tered /	Agent		-
NICHOLL, ROBERT E 2397 RIVERTREE CR.																_
SANFORD FL 32771							82	Street	Addres	ss (P.O. Box Nun	iber is Not Acc	eptable)				
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İ							84	City						85 Zip	Code	\dashv
11	Pursuant	to the provis	sions of Sections 607.05	02 and 6	07 1508 Florida S	Statutes th	ne abov	n-nameo	coma	ration submits th	s statement for	the pur	FL	changing it	ls renistered	-
l ''	office or r	registered a	gent, or both, in the State with, and accept the oblig	e of Flori	da. Such chance v	was autho	rized b	vithe cor	poratio	n's board of dire	ctors. I hereby	accept to	he appo	ointment as	registered	1
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<u> </u>		Signature, type	or printed name of registered as OFFICERS AN					ent signature	required	when reinstating)	CHANGES TO		DATE.	DIDECTOR	OC 151 40	۱,
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Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the occider or trusted 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 or are appears with an address.

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS P96000064762 (3) DOCUMENT # GAA, INC. Principal Place of Business Mailing Address 2397 RIVERTREE CR. 2397 RIVERTREE CR. SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1996 Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICHOLL, ROBERT E 2397 RIVERTREE CR. Street Address (P.O. Box Number is Not Acceptable) 82 SANFORD FL 32771 83 84 City 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 registered agent and title if applicable (NO1F: Bagistured Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THTLE ☐ DELETE 1.1 TITLE Change Addition POBRAT ENICHOUSE PROBE OR NAME 1.2 NAME ROBKET E034 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY- \$1 - 7IP Change DELETE TITLE Addition 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TILLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4111111 Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE Change TITLE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - Z(P DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 6.4 CITY - \$1 - 2IP

14. I do hereby certify that the information supplied with this firing 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 corporation or the corporation or the corporation of t

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