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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023605 (3)

G.S. ENTERTAINMENT, INC.

**FILED** Jan 30 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			
C/O CUMMINGS & LOCKWOOD ATTN: D.C. SWAB 3001 TAMIAMI TRAIL NORTH 3001 TAMIAMI TRAIL NORTH NAPLES FL 34103 NAPLES FL 34103			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	HIS SPACE	
2. Principal P 21 Z3ZI Suite, Apt.	Place of Business C.R. 951 NORTH #, etc.	26. Mailing Address 26. Z3Z1 C.R. Suite, Apt. #, etc.	951 NORT	03/17/1997  4. FEI Number 59 - 3 4 3 2 / 8 3  5. Certificate of Status Desired □	Applied For Not Applicable \$8.75 Additional
22 27					Fee Required
City & State  City & State  NAPLES, FL  28 NAPLES, F			<u></u>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>赶</b>	34116 25 6.	<sup>Zip</sup> 34116 3	Country	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
SWAB, DARLAJO C CUMMINGS & LOCKWOOD  81 N 82 S				PREGORY C. SWAB	
CUMMINGS & LOCKWOOD  3001 TAMIAMI TRAIL NORTH				ddress (P.O. Box Number is Not Acceptable)	4
	PLES FL 34103		63		
			84 City A	100.00	<b>85</b> Zip Code
		1007.4500.50.51.51.			-L 34116
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 familiant, and accept the obligations of Section 607.0505, Plorida Statutes.					
	am familia with, and accept the obligat	ions of Section 677.0505, Norice	da Statutes.	1/26	198
SIGNATURE	Stgnalure, typed or printry name of registered agent	and title if applicable (NOTE F	Registered Agent signature r	equired when reinstating) DA	
12.	OFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAME	SWAB, GREGORY C		1.2 NAME		
STREET ADDRESS	1911 48TH STREET SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS 2. 4 City-St-Zip		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		CT CHAIRE CT MOUTON
NAME .	:		6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY - ST - ZIP	710 57(DV) 51 11 01 1 1 1 1 1	
	certify that the information supplied with	i this filing does not qualify for t	the exemption states	t in Section 119 U7(3)(b). Florida Statutas i turthe	ir certify that the information –

indicated on this annual report or supplierental 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 an attachment with an address.