

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038900 (1)

1. Corporation Name

J.G.G. & SONS ENTERPRISES, INC.

Principal Place of Business

2300 GRIFFIN ROAD #12
FT. LAUDERDALE FL 33312

Mailing Address

2300 GRIFFIN ROAD #12
FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRAVEL, JEAN-GUY
2300 GRIFFIN ROAD #12
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

President,
Jean-Guy Gravel,
2300 Griffin Road, #14,
Ft. Lauderdale, Florida 33312.

Change ☒ Addition

Vice-President
Monique Gravel,
2300 Griffin Road, #14,
Ft. Lauderdale, Florida 33312

Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100002550641

06/02/98 01030-015

***150.00

14. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address

CR2E034 (10/97)

Florida Corporate Income/Franchise and Emergency Excise Tax Return

For calendar year 1997 or tax year beginning _____, 1997 ending _____, 19____

F-1120
R. 01/98
Page 1

FEIN	
Name	J.G.G. & SONS ENTERPRISES, INC.,
Address	2300 Griffin Road, #12, Ft. Lauderdale, FLORIDA 33312.
City/State/Zip	

FORM F-1120-A WAS NOT AVAILABLE.
Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Unless a Copy of the Federal Return is Attached, This Return is Deemed Incomplete.

Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions). Attach pages 1-4 of Federal Return	1.	0.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.	0.
3. Additions to federal taxable income (from Schedule I)	3.	
4. Total of Lines 1 through 3	4.	
5. Subtractions from federal taxable income (from Schedule II)	5.	
6. Adjusted federal income (Line 4 minus Line 5)	6.	
7. Florida portion of adjusted federal income (see instructions)	7.	
8. Add nonbusiness income allocated to Florida (see instructions)	8.	
9. Less: Child care facility start-up costs \$ _____ and Florida Exemption \$ _____ (see instructions) Total >	9.	
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.	
11. Tax due: 5.5% of Line 10 or amount from Line 11, Schedule VI, whichever is greater (see instructions)	11.	
12. Credits against the tax from Line 14, Schedule V	12.	
13. Emergency excise tax due (from Schedule A, Line 20)	13.	
14. Total income/franchise and emergency excise tax due (see instructions)	14.	
15. Penalty: F-2220 Other Interest: F-2220 Other Total >	15.	
16. Total of Lines 14 and 15	16.	
17. Payment credits: Estimated tax payments \$ _____ Tentative tax payment \$ _____ Total >	17.	0.
18. Total amount due or overpayment (see instructions) <input type="checkbox"/> Check here if you transmitted funds electronically	18.	
19. Enter amount of overpayment credited to next year's estimated tax \$ _____ or refunded \$ _____		

A return that is not signed, or improperly signed and verified, will be subject to the failure to file return penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Officer	Date 01-31-	Title	President.
Paid Preparer's Only	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number
	Firm's name (or yours if self-employed) and address		FEIN	
			Zip Code	

Do Not Detach, Even if No Payment is Due Payment Coupon

F-1120P
R. 01/98

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.
Attach this coupon with F-1120 even if no tax is due.

1. Have you signed your check and your return?
2. Have you attached your federal return and federal Form 4562 depreciation schedule?
3. AMT filers — Have you attached your federal Form 4626?
4. Have you attached a copy of your F-7004?

Please print in black or blue ink only.

CORPORATION IS NOT YET OPERATIVE.

Make Checks Payable to:
Florida Department of Revenue
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0135

FEIN YEAR ENDING 1997

NAME **J.G.G. & SONS ENTERPRISES, INC.**
ADDRESS **2300 Griffin Road, #12,**
Ft. Lauderdale, Florida 33312.
CITY/STATE/ZIP

Total Amount Due from Line 18, F-1120 Return	DOLLARS	CENTS
	00	00

Check here if you transmitted funds electronically.

NAME J.G.G. & SONS ENTERPRISES, INCTAXABLE YEAR ENDING 1997

Schedule A Computation of Emergency Excise Tax

1. Total depreciation expense deducted on Federal 1120	1.
2. Florida portion of adjusted Federal income from Page 1, Line 7 of F-1120 or Line 7, Schedule VI (see instructions)	2.
3. If Line 2 shows a gain, enter 0. If Line 2 shows a loss or zero, enter loss carry forward from Line 3, Schedule II, or Line 4, Schedule IV, of F-1120	3.
4. Subtract Line 3 from Line 2 and enter here	4.
NOTE: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	
5. Enter all depreciation federally deducted pursuant to §168 of the Internal Revenue Code for assets placed in service 1/1/81 to 1/1/87	5.
6. Enter all straight line depreciation federally deducted pursuant to §168(b)(3) of the Internal Revenue Code and 80% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 1/1/87)	6.
7. Enter all depreciation deducted pursuant to Internal Revenue Code §168 that is directly related to any amount shown as nonbusiness income	7.
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.
9. Enter 40% of Line 8	9.
10. Enter Florida apportionment factor shown in Schedule IIIA or IIB of F-1120. Taxpayers that are 100% in Florida enter 1.0	10.
11. Multiply Line 9 by Line 10 and enter here	11.
12. Enter the product of depreciation federally deducted pursuant to Internal Revenue Code §168 (except pursuant to §168(b)(3)) used in computing nonbusiness income allocated to Florida times .4	12.
13. Enter the sum of Lines 11 and 12	13.
14. Enter loss shown on Line 4. NOTE: If Line 4 does not show a loss, enter 0	14.
15. Enter the portion of the exemption provided in §220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.
16. Reduce Line 13 by the sum of the amounts on Lines 14 and 15, if any, and enter here	16.
17. Multiply Line 16 by 2.5 (not 2.5%) and enter here. NOTE: If Line 16 shows a loss, enter 0	17.
18. Total tax due (2.5% of Line 17)	18.
19. Emergency excise tax credit:	Emergency excise tax credit carryover:
Total > 19.	
20. Balance of tax due (enter on Line 19, Page 1)	20.

A. State of Incorporation Florida

B. Florida Secretary of State Document Number P-97000038900

C. Florida Consolidated Return. YES ☐ NO ☒

D. ☒ Initial Return ☐ Final Return (cease doing business).

E. Taxpayer election §220.03(5), F.S. ☒ General Rule ☐ Election A ☐ Election B

F. Standard Industrial Classification (SIC) Code (if known) 2

Florida SIC (if different) 2

G. A Florida extension of time was timely filed. YES ☐ NO ☒ If yes, attach copy of Florida Form F-7004.

H. Corporation is a member of a controlled group. YES ☐ NO ☒ If yes, attach list.

Parent Corp. FEN

Part of a federal consolidated return. YES ☐ NO ☒

The federal common parent has sales, property or payroll in Florida. YES ☐ NO ☒

I. Location of corporate books: 2300 Griffin Road, #12,
Ft. Lauderdale, Florida 33312.

J. Taxpayer is a member of a Florida partnership or joint venture. YES ☐ NO ☒

K. Show date of latest IRS audit n/a Years examined n/a

L. Intangible Tax Notice. 0 Just Value Per Share \$ 0

M. Contact person and telephone for questions concerning this return
J.G. Gravel (954) 989-8869

For Question N, O and P, please refer to "Who Must File" instructions.

N. Taxpayer files federal Form 1120H. YES ☐ NO ☒ If yes, attach copy.

O. Corporation elected to be taxed under Subchapter S, I.R.C. for this tax year.
YES ☐ NO ☒ If yes, attach copy of federal Form 1120S.

P. Taxpayer is exempt from federal income tax under I.R.C. Section 501(a).
YES ☐ NO ☒ If yes, attach a copy of "determination letter."