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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700038900

1. Corporation Name

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

Principal Place	of Business	Mailing Address				T 1880/1881 1/9 (9/4) (98)) OBJU 90(1) EDITI OBJED (1/4) (9/4) JESU DDVI DDU (89)
2300 GRIFFIN ROAD #12 FT. LAUDERDALE FL 33312		2300 GRIFFIN ROAD #12 FT. LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 04/29/1997
2. Principal Place of Business 2a. Mailing Add			ddress			4. FEI Number Applied For APPLIED FOR Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			\$8.75 Additional	
22	,, oc.	27	27			5. Certificate of Status Desired
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax No
24	25)		30			Personal Property Tax. LYes LNo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Hallie and Address of New Neglatation Agent
GRA	VEL, JEAN-GUY		_			ess (P.O. Box Number is Not Acceptable)
2300 GRIFFIN ROAD #12 FT. LAUDERDALE FL 33312			L	82 Street Add		ess (1.0. box rumber is not neceptable)
F1. L	AUDENDALE FL 30012		Ĺ			los 76 Oct
				84	City	FL 85 Zip Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was auf	thorized	DV I	-named corpo he corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE						d when reinstating) DATE
	Signature, typed or printed name of registered agent		Registered Agent signature required 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	DELETE	_	_		Change Addition
TITLE	<u> </u>		٠.	1.1 TITLE		
NAME	GRAVEL, JEAN-GUY		1.2 NAME		4D0D500	
STREET ADDRESS	2300 GRIFFIN ROAD #12		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY-ST-ZIP		-ZIP	Change ☐ Addition
TITLE	_		2.1 TITL		İ	Containing Dynamics
NAME	GRAVEL, MONIQUE		2.2 NAME			•
STREET ADDRESS	EET ADDRESS 2300 GRIFFIN ROAD #12			EET,	ADDRES\$	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2. 4 CITY		-ZIP	· · · · · · · · · · · · · · · · · · ·
TITLE	☐ DELETE 3.1 TI		3.1 Tfi l	Æ.		☐ Change ☐ Addition
NAME	3.2		3.2 NAA	3.2 NAME		
STREET ADDRESS	TREET ADDRESS			EET.	ADDRESS	
CITY-ST-ZIP				Y-ST	-ZIP	C Change
TITLE		☐ DELETE	_			☐ Change ☐ Addition
NAME			4.2 NA	ME		
STREET ADDRESS	STREET ADDRESS		4.3 STREET ADD		ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-Z		- ZIP	
TIFLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAA			
STREET ADDRESS			4		ADDRESS	
CITY-ST-ZIP			54 CIT		-ZIP	
TITLE		☐ DELETE	6.1 TITL	E.		☐ Change ☐ Addition
NAME			6.2 NAA	ΥE		

SIGNATURE:

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90097 020 ***150.00

's recorded for their experience early selections become about their selections and selections.

۷.	OFFICERS AND DIRECTORS	13. ADDITIONOGUANCES TO STITUE ENGLISHED IN 12						
ITLE	P DELETE	1.1 TITLE	☐ Change ☐ A	ddition				
AME	GRAVEL, JEAN-GUY	1.2 NAME						
TREET ADDRESS	2300 GRIFFIN ROAD #12	1.3 STREET ADDRESS						
ITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP						
ITLE	VP □ DELETE	2.1 TITLE	☐ Change ☐ A	Addition				
IAME	GRAVEL, MONIQUE	2.2 NAME	•	ļ				
TREET ADDRESS	2300 GRIFFIN ROAD #12	2.3 STREET ADDRESS						
ITY-ST-ZIP	FT. LAUDERDALE FL 33312	2. 4 CITY-ST-ZIP						
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IAME		3.2 NAME						
TREET ADDRESS		3.3 STREET ADDRESS						
ITY-ST-ZIP		3.4. CITY-ST-ZIP						
ITLE	☐ DELETE	4.1 TTTLE	☐ Change ☐ A	ddition				
IAME		4.2 NAME		ļ				
TREET ADDRESS		4.3 STREET ADDRESS						
ITY-ST-ZIP		4.4 CITY-ST-ZIP						
ITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ A	Addition				
AME		5.2 NAME		1				
TREET ADDRESS		5.3 STREET ADDRESS		{				
CITY-ST-ZIP		54 CITY-ST-ZIP						
TILE	☐ DELETE	6.1 TITLE	☐ Change ☐ A	Addition)				
IAME		6.2 NAME		İ				
TREET ADDRESS		6.3 STREET ADDRESS		ì				
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6.4 CITY-ST-ZIP 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 of suppliemental 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 of 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, profile a statute with an address, with all other like empowered.