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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000070758 (2)

J.G.C. ENTERPRISE INC.

Principal Place of Business

Mailing Address

10520 LADISSA STREET

10529 LARISSA STREET

FILED May 05 1998 8:00am Secretary of State



ORLANDO FL 32821		ORLANDO FL 32821		DO NOT WRITE IN THIS	S SPACE			
					3. Date Incorporated or Qualified			
					08/13/1997			
· ·	ace of Business	2a. Mailing Address			4, FEI Number	A	pplied For	
	SINGLESHAM CT	26 11715 SANDLESHAM CT		59-3463854		Not Applicable		
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State 23 ORIANO F1.		City & State 28 ORIGINAL FI.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	1190	8. This corporation owes or has paid the c	current year In	itangible	
24 32/37-	9. Name and Address of Currer	120	30 010	70	Personal Property Tax due June 30. 10. Name and Address of New Registered		_ No	
		it noglotored rigorit	81	Name	(6, maille Mile Addiese et Item Hegistele	a Agoin		
GUNZALEZ, JUAN U								
	RLANDO FL 32821		82 Street Add		ess (P.O. Box Number is Not Acceptable)			
UH		83	83					
			<u>_</u>					
			84	City	F	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607 050	2 and 607.1508. Florida Statute	es, the abov	L e-named com	poration submits this statement for the purpose	 1.	its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig-	of Florida, Such change was a	uthorized b	v the corporati	ion's board of directors. I hereby accept the ap	pointment as	registered	
-	manniar with, and accept the obligi	ations of Section 607,0000, Fig	inua Statute	5.				
SIGNATURE .	Signature, typed or printed name of registered ago	et and lide if applicable (NOTE	Registered Ag	ent signature require	ed when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	GONZALEZ, JUAN O		1.2 NAME					
STREET ADDRESS	10529 LARISSA STREET		1.3 STREET	ADDRESS 11	215 SINGLESHAM OF			
CITY-ST-ZIP	ANI AND A THE ARRAY		1.4 CITY - 3	ST-ZIP	715 SINGLES HAM CT RIANDO FI. 32837.55	575		
TITLE		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP					
TITLE			3 1 TITLE	<u> </u>		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY -					
TITLE	***************************************	☐ DEL ete	4.1 TITLE	* -		Change	Addition	
NAME			4. 2 NAME			_		
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			4.4 CITY-5					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE	6.1 TITLE	***		☐ Change	Addition	
NAME			6.2 NAME			-		
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 5					
44 I borobu o	ertify that the information supplied w	th this filing does not qualify to	r the exercis	tion etated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the	e information	
indicated of officer or of	on this annual report or supplementa director of the corporation or the oci	al annual report is true and accompany or trustee empowered to enhance with an address.	urate and the execute this	at my signatur report as requ	re shall have the same legal effect as if made tuired by Chapter 607, Florida Statutes; and that	under oath; th t my name ap	iat I am an opears in	