## 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** 

P97000084372 (6) DOCUMENT #

G AND U WMS. ENTERPRISE INTL. INC.

Mailing Address

## **FILED** Feb 13 1998 8:00am Secretary of State



	OC OL BOSITIOSS	maining riddress				
1501 ROYAL PALM DR. NICEVILLE FL 32578		1501 ROYAL PALM DR. NICEVILLE FL 32578				
		***************************************			DO NOT WRITE IN THIS	SPACE
1					3. Date Incorporated or Qualified	
					09/30/1997	
2. Principal	Place of Business	2s. Mailing Address			4. FEI Number	Applied For
21		26			5 9 3477515	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	nte -	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin —	Country		Zip Country			
24	25	29	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No	
<u> </u>	9. Name and Address of Curr		[30]		10. Name and Address of New Registered	
W	ILLIAMS, GARFIELD		81	Name		
	601 ROYAL PALM DR.					
	CEVILLE FL 32578		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
PU	CEVILLE PL 32576		83	<b></b>		
			63			
			84	City		85 Zip Code
					FL	•   .
11. Pursuan	t to the provisions of Sections 607.09	502 and 607 1508, Florida Sta	tutes, the abov	e-named cor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	f changing its registered
agent. I	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statute	y nie corpora S.	anorts board of directors. Thereby accept the app	Miniment as registered
SIGNATURE						
010110112	Signature, typed or printed name of registered a	gent and tille if applicable (A	O1t Registered Ag	ent signature requ	ulred when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	WILLIAMS, GARFIELD		1.2 NAME			
STREET ADDRESS	1501 ROYAL PALM DR.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CITY - 9	ST-ZIP		
TITLE	DELETE 2.1 TI		2.1 TITLE			Change Addition
NAME	WILLIAMS, URSULA		22 NAME			
- STREET ADDRESS	1501 ROYAL PALM DR.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		2 4 CITY-			
TITLE		DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME		<del>_</del>	3.2 NAME			
STREET ADDRESS			3.3 STREET	r Andress		
CITY-ST-ZIP						ļ
TITLE	<u> </u>	DELETE	3.4. CITY - 4.1 TITLE	31-2IF		Change Addition
NAME	1		4.1 HILE 4.2 NAME		growing the group group series of the Leaf Color of Leaf Color.	
				1	6000024310 -02/16/98010240	* # "" 1 173
STREET ADDRESS	1		4.3 STREET	1		10
CITY-ST-ZIP		T ocuere	4.4 CITY - S	ST-ZIP	***150.00	
TITLE .		DELETE	5.1 TITLE	ľ		Mange Middition
NAME			5.2 NAME			
STREET ADDRESS	1	•	5.3 STREET	ADDRESS		111011151
CITY-ST-ZIP			5.4 CNY - S	ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		6000024310	46
STREET ADDRESS			6.3 STREET	ADDRESS	-02/16/98010240:	l 1
CITY-ST-ZIP			6.4 CITY - S		***8.75	

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 em 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.