

1ST NOTICE NOT RECEIVED NOTE NEW ADDRESS *

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 SEP -5 PM 12:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S03364 (4)

1. Corporation Name
G & G ASSOCIATES, INC.



Principal Place of Business * 111 LONGWOOD ST LONGWOOD FL 32750 US	Mailing Address * 111 LONGWOOD ST LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 111 N Longwood ST	26 111 N Longwood ST	09/27/1990	09/20/1996
22 #101	27 #101	4. FEI Number	Applied For
23 Longwood FL	28 Longwood FL	59-3032136	Not Applicable
24 32750	29 32750	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30 USA	<input type="checkbox"/>	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GRASSO, JOSEPH
 1318 STATE RD 436
 ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name **RICHARD T. GRIMALDI**

82 Street Address (P.O. Box Number is Not Acceptable)
111 N. LONGWOOD ST #101

83 **LONGWOOD**

84 City **FL** 85 Zip Code **32750**

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]* DATE **8/5/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMALDI, RICHARD T.	
STREET ADDRESS	260 WIMBLEDON CIRCLE	
CITY-ST-ZIP	HEATHROW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRASSO, JOSEPH J.	
STREET ADDRESS	1318 STATE RD 436	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GRIMALDI, RICHARD T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1412 SHADWELL CIRCLE	
1.3 STREET ADDRESS	HEATHROW FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	GIUSEPPE GIAMBONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	455 SAXSON BLVD	
2.3 STREET ADDRESS	Deltona, FL 32725	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002288018--3	
3.3 STREET ADDRESS	-09/09/97--01026--013	
3.4 CITY-ST-ZIP	****165.00 ****165.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		


14. I do 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, changed, or on an attachment with an address.

[Signature] **8/5/97** (111) 831-5999

CR2E034 (4/97)

2062

G&G ASSOCIATES, INC.
111 N Longwood St
101
Longwood, FL 32750

9/3/97 

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

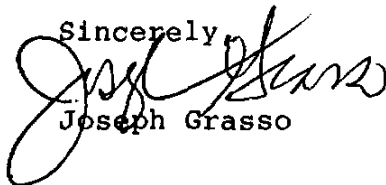
Leslie Sellers:

Please note this letter as official notice that we did not receive the 1st notice of annual corporation report at our new address.

Enclosed is check #8968 as payment as directed by your office. Thank you for your assistance in this matter.

Please note deletion and addition.

Sincerely,


Joseph Grasso