**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S88537**

1. Corporation Name

C & G FLORIDA INC

G. & G. FLONIDA, INC.		
Principal Place of Business	Mailing Address	<del>_</del>
112 S HIBISCUS ISLAND MIAMI BEACH FL 33139	1 <del>12 S Hibiscus Is</del> land Mi <del>ami Beach Fl. 3313</del> 0	

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90144 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed			
2 5	(0.3)	25 Mailing Address			10/21/1991 4. FEI Number			Applied For
¬ `	ace of Business	2a. Mailing Address 26 P.O. Box 3	985	るり	65-0291000			Not Applicable
Suite, Apt.	# etc	26 <b>F. O Box S</b> Suite, Apt. #, etc.	ر ں،	10				Additional
22 Suite, Apr. 1	<del>,, etc.</del>	27			5. Certifcate of Status Desired			Required
City & State	3	City & State			6. Election Campaign Financing			May Be
23		28 MIAMI BEAC		<u>-</u>	Trust Fund Contribution			d to Fees
Zìp	Country	Zip 22224 OCTA	Čountry ⊐	1	8. This corporation owes the curre	•		□No
24	[25]	29 33239-8570 30	<u> Ч</u>		Personal Property Tax.  10. Name and Address of New Re		☐ Yes	LINO
	9. Name and Address of Current	Registered Agent	81	Name	TO. Name and Address of New Re	gistereu A	gent	<del></del>
I ANG	ZEN MAY		"	INAILIE				
LANGEN, MAX 112 S HIBISCUS ISLAND			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	₹	
	M BEACH FL 33139-5130		83		<del> </del>			
MIAN	M BEACH PE 33 135-3 130		0.3		•			
			84	City		FL	85 Zig	Code
		1007 1500 51 11 01-11			tion cultimits this statement for the		banging i	te registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	iorizea dy	the corporati	poration submits this statement for the pion's board of directors. I hereby accept	the appoint	tment as	registered
agent. I ai	n familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statute:	3.			•	}
SIGNATURE		OLOTE: D			ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature require	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	SD	DELETE	1.1 TITLE				Change	e Addition
NAME	SABINE, WINTER ANNA		12 NAME				_	
STREET ADDRESS	112 S HIBISCUS ISLAND			T ADDRESS			•	ĺ
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-5	ĺ				
TITLE	PD	☐ DELETE	2.1 TITLE	,, ,,,			Change	e Addition
NAME	SCHIRMER, GUENTER A	;	2.2 NAME					j
STREET ADDRESS	112 S HIBISCUS ISLAND		2.3 STREE	T ADDRESS	•			
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY-		•	•	`.	
TITLE	T	☐ DELETE	3.1 TITLE				Change	e
NAME	SCHIRMER, PETER		3.2 NAME					ſ
STREET ADDRESS	112 S HIBISCUS ISLAND		3.3 STREE	TADDRESS				(
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4, CITY-	ST-ZIP				
TITLE		☐ DELETE	41 TITLE		<del></del>		Chang	e 🔲 Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETÉ	5.1 TITLE				Chang	e 🗌 Addition
NAME			5.2 NAMÉ					ŧ
STREET ADDRESS				TADDRESS	•			1
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE					e 🔲 Addition
NAME			6.2 NAME					
STREET ADDRESS		,		T ADDRESS				[
CITY-ST-ZIP	<i></i>		6.4 CITY-\$	ST-ZIP				

14. I hereby certify that the information supplies 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 supplies ental 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 or an attachment with an address, with all other like empowered.

SIGNATURE: