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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15614

(3)

FILED 97 SEP 17 PH 2: 56

SECRETARY OF STATE

JOSEPH GIAN CORPORATION						TALLAHASSEL, ILEONIS				
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Principal Place of Business Mailing Address							- 14611 21104 11601 01712 0116(1)91(0)1		4+411 BISI BISI	: .:
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	•	On Di	100 10 00010				3. Date Incorporated or Qualified	3a. Da	te of Last Re	eport
							02/20/1992	06/	28/1996	
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number	<u>VY</u> /		plied For
21		26					59-3107361		No	t Appl cable
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				·	6. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & Stat	6	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Z _i p		Cour	ntry	•	8. This corporation owes or has pa	_		1
24	25 29 30						Personal Property Tax due June			I No
	g. Name and Address of Curren	it Registere	a Agent		81	6 1	10. Name and Address of New Re	gistered A	gent	·
	an Joseph			l'	ا'°	Name				
C/O HYATT REGENCY GRAND CYPRESS					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	GRAND CYPRESS BLVD			Į.						
OF	RLANDO FL 32819			l'	83					
				7	84	City		· · · · · · · · · · · · · · · · · · ·	85 Zip (Code
								FL		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1 of Florida, S	508, Florida Statut Such change was .	les, the ab authorized	ove bv	e-named corp the corporati	oration submits this statement for the pion's board of directors. I hereby accep	ourpose of oit the appor	changing its nintment as i	s registered
agent. I a	im familiar with, and accept the obliga	ations of, So	ction 607.0505, Fi	orida Statu	dos	S.	, a	л по црр		J
SIGNATURE	77 T-10 T-10 T-10 T-10 T-10 T-10 T-10 T-10				· <u>-</u> _					
40	Signature, typed or printed name of registered age OFFICERS AN			E Registered	Age	mi signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE OF AND	DIDECTOR	CINI 40
12.	DP OFFICE NO ANI	DIMECTO	DELFTE	1.1 Till	F		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
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STREET ADORESS						ADDRESS			/ . h	<i>y</i> /
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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 if changed, or on an attachment with an address.



September 15, 1997

Division of Corporations Annual Reports Section P.O.Box 1500 Tallahassee, Fl. 32302-1500

> Re :Joseph Gian Corporation Document #V15614 59-3107361

To Whom It May Concern:

This letter is in reference to the above mentioned Corporation.. I never recieved, to my knowledge a form other than the one enclosed. We have been in business for over 5 years, since 1972, and this filing has never been late.. Due to a death in the immediate family, in the spring, the form could have been overlooked, however, I do not remember getting anything...

I have enclosed, a check for \$165.00 and the filing form signed and dated.. If this is acceptable I would like to hear from you.. If you would consider accepting this I would greatly appreciate it.

Very tuly yours,

JOSEPH GIAN CORPORATION

encis. ck.# 3128