## FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V23364

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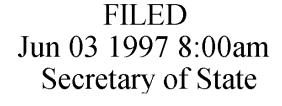
G.G. II, INC.

`

Principal Place of Business

% ROBERT E. PITTS 18400 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931 Mailing Address

% ROBERT E. PITTS 18400 SAN CARLOS BLVD. FORT MYERS BEACH FL 33931-2358



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3. Date Incorporated or Qualified 3a. Date of Last Report

					03/23/1992	03/23/1992 04/29/1996			
2. Principal Place of Business 2a. Mailing Address					4. FLI Number	4. FEI Number		Applied For	
21		26	26			65-0383356		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	. <del></del>	\$5.00	May Be	
23		28	28			Added to Fees			
Zip	<del></del>		Country	,	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		Florida Statutes	Yes	<b>⊘</b> No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered /	Agent		
PITTS, ROBERT E.				81 Name					
40400 CAN CADI OC DI VO				82 Street Address (P.O. Box Number is Not Acceptable)					
				Carbot Address (1.0. Dox 10. mor la tro) Abox Plainty					
				83					
			84	City			[ar] 7	0-4-	
			54	Cny		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statut	tes, the abov	e-named c	corporation submits this statement for the	e purpose of	changing i	Is registered	
agent La	m familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statute	y me corpo s	oration's board of directors. I hereby ac	sebi frie abb	O.Humbin as	registered	
SIGNATURE							•		
	Signature, typed or printed name of ringe timed ag-			ant signature n	equired when registaring)	DATL			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	D DODCOT C	☐ DELETE	1.1 1011.6				☐ Change	Addition	
NAME	PITTS, ROBERT E.		12 NAME						
STREET ADDRESS	11481 REBECCA CIRCLE		1.3 STAFF I	ADDRESS					
CITY-ST-ZIP	FORT MYERS BEACH FL		1.4 CITY - 9	51 - 71P					
TITLE	D WEGNARDS WOTOD O	DELETE	2.1 1111.6	1			∐ Change	Addition	
NAME	DILEONARDO, VICTOR C.		2.2 NAME						
STREET ADDRESS	14662 OLDE MILLPOND CT		2.3 STREET	ADDRESS					
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY -	ST-ZIP	•				
TITLE		DELETE	3 1 HILE				L Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4 CiTy-	S1 - ZIP					
FITLE		☐ DELETE	4.1 MILE				Change	Addition	
NAME			4. 2 NAME	į					
STREET ADDRESS			4.3 STREFT	ADORESS					
CITY-ST-ZIP			4.4 City - 5	31 - ZIP					
TITLE		DEFETE	5 1 117LF				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 \$1REF1	ADDRESS					
CITY+ST-ZIP			5.4 C(1 Y - S	31 - ZiP		<u> </u>		·	
TITLE	<del></del>	☐ DELETE	6.1 T(1) LE	1		<del>-</del>	☐ Change	Addition	
NAME			6.2 NAME	İ					
STREET ADDRESS			63 STREET	AODRESS					
CITY-ST-2IP			64 CITY - S						
lam an o	by certify that the information supplies in indicated on this annual report or a flicer or director of the corporation or in Block 12 or Block 13 if changed, o	r the receiver or trustee empoy	vered to exec	emption staurate and to trate and to trate this re	ated in Section 119.07(3)(i), Florida Stat that my signature shall have the same le eport as required by Chapter 607, Florid	utes. I further egal effect as a Statutes; a	certify that if made un nd that my i	the der oath; that name	