

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 # **V27517** (4)  
1. Corporation Name  
**G.C.O.C. MANAGEMENT COMPANY, INC.**

Principal Place of Business Mailing Address  
**7315 HUDSON AVE. 7315 HUDSON AVE.**  
**HUDSON FL 34667 HUDSON FL 34667-1158**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**04/09/1992 05/01/1996**  
4. FEI Number Applied For  
**59-3126363** Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**ZSCHAU, JULIUS J., ESQ.**  
**911 CHESTNUT ST**  
**JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL, BURN**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**500002207005--1**  
83 **-06/10/97--01017--010**  
**\*\*\*\*385.00 \*\*\*\*385.00**  
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS  
TITLE P ☐ DELETE  
NAME **BONATI, DR. ALFRED O.**  
STREET ADDRESS **7315 HUDSON AVE.**  
CITY-ST-ZIP **HUDSON FL**  
TITLE VP ☐ DELETE  
NAME **BONATI, LEOPOLD**  
STREET ADDRESS **7315 HUDSON AVE**  
CITY-ST-ZIP **HUDSON FL**  
TITLE ST ☐ DELETE  
NAME **O'RYAN, CECILIA**  
STREET ADDRESS **7315 HUDSON AVE.**  
CITY-ST-ZIP **HUDSON FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME **BONATI, DR. ALFRED O.**  
1.3 STREET ADDRESS **7315 Hudson Avenue**  
1.4 CITY-ST-ZIP **Hudson FL 34667**  
2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME **BONATI, LEOPOLD**  
2.3 STREET ADDRESS **7315 Hudson Avenue**  
2.4 CITY-ST-ZIP **Hudson FL 34667**  
3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME **O'RYAN, CECILIA**  
3.3 STREET ADDRESS **7315 Hudson Avenue**  
3.4 CITY-ST-ZIP **Hudson FL 34667**  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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, 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.

FILED

97 JUN -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)