

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Charles B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55026**
1. Corporation Name
G.O. INVESTMENTS, INC.

(1)



Principal Office Address
**M.M. 83.5 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

Mailing Address
**1711 MASON TERRACE
MELBOURNE FL 32935**

2. Principal Place of Business
21. Date of Report
22. Fiscal Year
23. State of Incorporation
24. County

2a. Mailing Address
26. **5055 Buena Vista Av**
State of Incorporation
27. City & State
28. **Melbourne FL**
29. **32934** 30. **Brevard**

3. Date Incorporated or Qualified **08/04/1992** 3a. Date of Last Report **01/17/1995**
4. FEIN Number **65-0349960** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No
10. Name and Address of New Registered Agent

**OLNEY, GARY
1711 MASON TERRACE
MELBOURNE FL 33036**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State **FL** 85. Zip Code

11. For each of the previous 12 months ending on the 15th day of February, the above named corporation submits this statement for the purpose of changing its registered office to the principal office of the corporation in the State of Florida. The 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, Florida Statutes.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.1	P	<input type="checkbox"/> Deleted
12.2	OLNEY, GARY J	
12.3	1711 MASON TERRACE	
12.4	MELBOURNE FL 33036	
12.5		<input type="checkbox"/> Deleted
12.6		
12.7		<input type="checkbox"/> Deleted
12.8		
12.9		<input type="checkbox"/> Deleted
12.10		
12.11		<input type="checkbox"/> Deleted
12.12		
12.13		<input type="checkbox"/> Deleted
12.14		
12.15		<input type="checkbox"/> Deleted
12.16		
12.17		<input type="checkbox"/> Deleted
12.18		
12.19		<input type="checkbox"/> Deleted
12.20		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	2. NAME	
13.3	1. STREET ADDRESS	
13.4	14. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	2. NAME	
13.6	2. STREET ADDRESS	
13.7	24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	3. NAME	
13.9	3. STREET ADDRESS	
13.10	24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	4. NAME	
13.12	4. STREET ADDRESS	
13.13	44. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	5. NAME	
13.15	5. STREET ADDRESS	
13.16	54. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	6. NAME	
13.18	6. STREET ADDRESS	
13.19	64. CITY, STATE, ZIP	

14. I, the undersigned, hereby certify that the information supplied by the filing officer is true and correct, and that I am qualified to serve as registered agent for the corporation. I further certify that the information supplied by the filing officer is true and correct and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of the corporation of the officers and further empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. If any changes have been made, they are indicated with an asterisk.

SIGNATURE: *Gary Olney* **Gary Olney** 5 Feb 96 407 255 7276
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)