


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V55026 (1)

1. Corporation Name
G.O. INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
MM-695 OVERSEAS HIGHWAY- ISLAMORADA FL 33096 5055 Buena Vista Av Melbourne FL		5055 BUENA VISTA AVENUE MELBOURNE FL 32934 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 5055 Buena Vista Av	26 Suite, Apt. #, etc.	08/04/1992	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Melbourne FL	28 Zip	65-0349960	<input type="checkbox"/> Not Applicable
24 Zip	25 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
32934	Brevard	29 Zip	30 Country
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OLNEY, GARY 4711 MASON TERRACE 5055 Buena Vista Av MELBOURNE FL 32934		81 Name	Gary Olney
		82 Street Address (P.O. Box Number is Not Acceptable)	5055 Buena Vista Av
		83	
		84 City	Melbourne FL
		85 Zip Code	32934

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	OLNEY, GARY J
STREET ADDRESS	5055 BUENA VISTA AVE
CITY-ST-ZIP	MELBOURNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE _____ DATE **03/05/98**

CR2E034 (10/97)