

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90034 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H70506

1. Corporation Name
 GEORGE L. GOBER & COMPANY, INC.



Principal Place of Business: 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351
 Mailing Address: 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1985

4. FEI Number: 49-2583446

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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: GOBER, GEORGE L. 9426 N.W. 2ND STREET CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------|---------------------------------|---|--|
| TITLE: PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: GOBER, GEORGE L. | | 1.2 NAME | |
| STREET ADDRESS: 9426 N.W. 2ND STREET | | 1.3 STREET ADDRESS: 7809 W. COMMERCIAL BLVD. | |
| CITY-ST-ZIP: CORAL SPRINGS FL | | 1.4 CITY-ST-ZIP: TAMARAC, FL 33351 | |
| TITLE: | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 2.2 NAME | |
| STREET ADDRESS: | | 2.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 2.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 3.2 NAME | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 4.2 NAME | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 5.2 NAME | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 6.2 NAME | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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, with all other like empowered.

SIGNATURE: George L. Gober DATE: 4/30/99 PHONE: (904) 726-8866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)