

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **232050 (5)**  
1. Corporation Name  
**GATORS OF MIAMI, INC.**



Principal Place of Business: P O BOX 55 7241, 5500 NW 74 AVE, MIAMI FL 33255 US  
Mailing Address: P O BOX 55 7241, 5500 NW 74 AVE, MIAMI FL 33255 US

2. Principal Place of Business: 21 P.O. BOX 55-7241, State: Apt. #, etc. 22 MIAMI FL. 23 Zip: 33255 24  
2a. Mailing Address: 26 P.O. BOX 55-7241, State: Apt. #, etc. 27 MIAMI FL. 28 Zip: 33255 29

3. Date of Incorporation: 01/11/1960 3a. Date of Last Record: 03/10/1995  
4. FCI Number: 59-0897070 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 is liable for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PARE, A**  
**5500 NW 74 AVE.**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent  
81 Name: **ATRIUM REGISTERED AGENTS, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1500 SAN REMO AVENUE**  
83 **SUITE 125**  
84 City: **CORAL** 85 Zip Code: **FL 33146**

11. Pursuant to the provisions of Sections 607.01(1)(a) and 607.15(1)(a), Florida Statutes, the above named corporation hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was a change to, then corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(1)(a), Florida Statutes.

SIGNATURE: *Robert A. Stanton, vice pres. of ATRIUM REGISTERED AGENTS, INC. 4/8/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] OFFICER
NAME	PARE, A	
STREET ADDRESS	5500 NW 74 AVENUE	
CITY, STATE, ZIP	MIAMI FL	
TITLE	D	[ ] OFFICER
NAME	PARE, BETTY J	
STREET ADDRESS	5500 NW 74 AVENUE	
CITY, STATE, ZIP	MIAMI FL	
TITLE		[ ] OFFICER
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] OFFICER
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		[ ] OFFICER
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96

TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARE', A.A.	
STREET ADDRESS	6931 SUNRISE PLACE	
CITY, STATE, ZIP	MIAMI, FL. 33133	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARE', BETTY JO	
STREET ADDRESS	6931 SUNRISE PLACE	
CITY, STATE, ZIP	MIAMI, FL. 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not a penalty for the provisions of Section 119.02(3)(k), Florida Statutes. I further certify that I am a director, officer, or shareholder of the corporation and that my signature shall have the same legal effect as if made under oath, but that an officer or director of the corporation who has been removed from office is permitted to execute this filing and to sign this Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes to corporations in the State of Florida.

SIGNATURE: *Betty Jo Pare'*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BETTY JO PARE'**

4/8/96 305-592-3780

CR2E034 (12/95)