

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

FILED
Feb 16 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 # S53016 (9)
1. Corporation Name
GEAR AVENUE PROPERTIES, INC.

Principal Place of Business

% IRWIN M. FROST, P.A.
1101 BIRCKELL AVE., STE 400
MIAMI FL 33131

Mailing Address

% IRWIN M. FROST, P.A.
1101 BIRCKELL AVE., STE 400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1991

4. FEI Number

65-0264880

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 200 So. Biscayne Blvd.
Suite, Apt. #, etc.

22 4750

City & State

23 Miami, FL

24 Zip 33131

25 Country USA

2a. Mailing Address

26 200 So. Biscayne Blvd.
Suite, Apt. #, etc.

27 4750

City & State

28 Miami, FL

29 Zip 33131

30 Country USA

9. Name and Address of Current Registered Agent

FROST, IRWIN M.
1101 BIRCKELL AVE., STE 400
SUITE 400X 4750
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 current agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME JAMPOLIS, KEITH
STREET ADDRESS 21366 GREENWOOD CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

D
NAME HATZ, JONATHAN
STREET ADDRESS 21366 GREENWOOD CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

D
NAME JAMPOLIS, KEVIN
STREET ADDRESS 21366 GREENWOOD CT
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

☐ DELETE

TITLE ☐ DELETE

☐ DELETE

TITLE ☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 registered agent 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:

Handwritten signature

2/11/98 7:51:40 PM 516-957-1200

CR2E034 (10/97)