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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 184972 (8)
1. Corporation Name
ROBERT W. GOTTFRIED, INC.



Principal Place of Business Mailing Address
375 SOUTH COUNTY RD 375 SOUTH COUNTY RD
P.O. BOX 466 P.O. BOX 466
PALM BEACH FL 33480 PALM BEACH FL 33480-0466

3. Date Incorporated or Qualified 05/04/1955 3a. Date of Last Report 03/12/1996
4. FEI Number 59-0773462 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

2. Principal Place of Business 21 219 WORTH AVENUE 22 Suite, Apt. #, etc. 23 PALM BEACH FL 33480 24 33480 25 USA
2a. Mailing Address 26 P.O. BOX 466 27 Suite, Apt. #, etc. 28 PALM BEACH, FL 29 33480 30 USA

9. Name and Address of Current Registered Agent
GOTTFRIED, ROBERT W
375 S. COUNTY RD.
SUITE 210
PALM BEACH FL 33480
10. Name and Address of New Registered Agent
81 Name GOTTFRIED, ROBERT W
82 Street Address (P.O. Box Number is Not Acceptable) 219 WORTH AVENUE
83
84 City PALM BEACH FL 85 Zip Code 33480

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	GOTTFRIED, ROBERT W	12 NAME	
STREET ADDRESS	748 HI-MOUNT RD.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	
NAME	PAMELA HOFFPAUER	22 NAME	
STREET ADDRESS	219 WORTH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)