

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT #321159

1. Corporation Name

DERECKTOR GUNNELL, INC.

Principal Place of Business

775 Taylor Lane  
Dania, Fla. 33004

Mailing Address

775 Taylor Lane  
Dania, Fla. 33004

3. Date incorporated or Qualified

09/22/67

3a. Date of Last Report

06/14/95

2. Principal Place of Business

2a. Mailing Address

21 775 Taylor Lane

26 775 Taylor Lane

4. FEI Number

59-1225610

Applied For

Not Applicable

5. Certificate or Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. Election Campaign Contribution

8. This corporation is a subsidiary of a corporation organized under the  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Dania, Florida

28 Dania, Florida

Zip

Zip

24 33004

29 33004

25 U.S.

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANE, FRANK A.  
FIFTH FLOOR GROVE PLAZA  
2900 SW 28TH TERRACE  
MIAMI, FLA. 33133

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 in 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

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PRESIDENT                  | <input type="checkbox"/> DELETE |
| NAME           | GUNNELL, ELIAS III         |                                 |
| STREET ADDRESS | 775 TAYLOR LANE            |                                 |
| CITY-STATE-ZIP | DANIA, FLA. 33004          |                                 |
| TITLE          | TREASURER                  | <input type="checkbox"/> DELETE |
| NAME           | DERECKTOR, THOMAS          |                                 |
| STREET ADDRESS | 77 WEAVER STREET           |                                 |
| CITY-STATE-ZIP | FALL RIVER, MA. 02720      |                                 |
| TITLE          | SECRETARY                  | <input type="checkbox"/> DELETE |
| NAME           | DERECKTOR, E. PAUL         |                                 |
| STREET ADDRESS | 311 E. BOSTON POST ROAD    |                                 |
| CITY-STATE-ZIP | MAMARONECK, NEW YORK 10543 |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-STATE-ZIP |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> DELETE |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-STATE-ZIP |                            |                                 |

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS

|                   |                                                              |
|-------------------|--------------------------------------------------------------|
| 14 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 15 NAME           |                                                              |
| 16 STREET ADDRESS |                                                              |
| 17 CITY-STATE-ZIP |                                                              |
| 18 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 19 NAME           |                                                              |
| 20 STREET ADDRESS |                                                              |
| 21 CITY-STATE-ZIP |                                                              |
| 22 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 23 NAME           |                                                              |
| 24 STREET ADDRESS |                                                              |
| 25 CITY-STATE-ZIP |                                                              |
| 26 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 27 NAME           |                                                              |
| 28 STREET ADDRESS |                                                              |
| 29 CITY-STATE-ZIP |                                                              |
| 30 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 31 NAME           |                                                              |
| 32 STREET ADDRESS |                                                              |
| 33 CITY-STATE-ZIP |                                                              |
| 34 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 35 NAME           |                                                              |
| 36 STREET ADDRESS |                                                              |
| 37 CITY-STATE-ZIP |                                                              |
| 38 NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 39 NAME           |                                                              |
| 40 STREET ADDRESS |                                                              |
| 41 CITY-STATE-ZIP |                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that I, as president, have caused this report to be prepared and 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 12, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (954)920-5756

CR2E034 (12.95)