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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

		FILE	)
Jan	15	1998	8:00am
Se	ecre	etary o	of State

	1990	EIVISION OF C		Secretary o	t State
DOCU 1. Corporation	MENT # 32961		1 State		
PEG E	GORSON INTERIOR DESIGNATION	ļ			
				F BJBJJ BYBY BURY ALGU (181	
Principal Place of Business Mailing Address				E INDION III SE SINCO INIID NICHA CARRE IINI NANII NANI	i alalı Bibli Bibli Bibli ibat
10155 COLLINS AVENUE 10155 COLLINS AVE					
SUITE 205   S205     BAL HARBOUR FL 33154   BAL HARBOUR FL 33154				DO NOT WRITE IN THIS	SDACE.
BAL HARBOUR FL 33154  US  BAL HARBOUR FL 33154  US  US			•	3. Date Incorporated or Qualified	OF ACE
				05/03/1968	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1213460	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		C. Florida Compaña Florida	Fee Required
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zîp	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29	30		☐ Yes ☐ No
ļ	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered	Agent
	DRSON, PEG E.		81 Name		
10155 COLLINS AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BAL HARBOUR FL 33154			83		
			83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statute	s the above-pamed corr		changing its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	manima with, and accept the obliga	ilions of, decitor 607,0505, Flo	rida Statutes.		
	Signature, typed or printed name of registered agen		Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE NAME	GORSON, NORMAN S	☐ DELETE	1,1 TITLE		L Change L Addition
' '	10155 COLLINS AVE. #205		1,2 NAME		
STREET ADDRESS CITY-ST-ZIP	BAL HARBOUR FL		1.3 STREET ADDRESS		
TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	GORSON, CRAIG		2.2 NAME		Grange Production
STREET ADORESS	1231 101 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL		2. 4 CITY-ST-ZIP		
TALE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	GORDON SANDI-JO		3.2 NAME		
STREET ADDRESS	1948 NE OAK HAVEN CIR.		3.3 STREET ADDRESS		
CITY - ST - ZIP	N. MIAMI BEACH FL	····	3.4. CITY-SY-ZIP	0.00	
TITLE	PD CORSON DEC 5	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME CTRCCT ADDRESS	Gorson, Peg e 10155 Collins ave #205		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	BAL HARBOUR FL		4.3 STREET ADDRESS		ĺ
TITLE	CALIFORNIA CONTRACTOR	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		the second of	5.2 NAME		C Strange CT Vocation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ĺ
STREET ADDRESS			8.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
IR I DOZONY A	ertify that the information cumuliad with				

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 entachment with appenderss.

**SIGNATURE:** 

Solo Clauser

Jan 3, 1998 305-866-4350