FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **638862** **(3)**

1. Corporation Name
ONGOING COMPANIES, INC.

Principal Place of Business	Mailing Address
5778 TIMBERLAKE DRIVE PO BOX 2627 SARASOTA FL 34230 US	5778 TIMBERLAKE DR. P. O. BOX 2627 SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7704 WHITEBRIDGE GLEN	26
Suite, Apt. #, etc. 22 P.O. Box 2627	Suite, Apt. #, etc. 27 P.O. Box 2627
City & State 23 SARASOTA FL	City & State 28 SARASOTA, FL
Zip 24 34230 Country 25 US	Zip 29 34230 Country 30

4. FEI Number: 59-1909403 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GABEL, RON 5778 TIMBERLAKE DRIVE SARASOTA FL 34243	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7704 WHITEBRIDGE GLEN 83 84 City UNIVERSITY PARK FL 85 Zip Code 34201

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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☑ Change ☐ Addition
NAME	GABEL, RON	1.2 NAME	
STREET ADDRESS	5778 TIMBERLAKE DRIVE	1.3 STREET ADDRESS	7704 WHITE BRIDGE GLEN
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	GABEL, ELIZABETH	2.2 NAME	
STREET ADDRESS	5778 TIMBERLAKE DRIVE	2.3 STREET ADDRESS	7704 WHITEBRIDGE GLEN
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ron Gabel PRESIDENT 4/24/95 (813) 355-9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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