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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 669203

1. Corporation Name
GABRIEL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~2429 POST ROAD~~ SARASOTA FL 34231-2513	~~2429 POST ROAD~~ SARASOTA FL 34231-2513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/06/1980

2. Principal Place of Business 21 4910 AVON LANE	2a. Mailing Address 26 4910 AVON LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA	City & State 28 SARASOTA
Zip / Country 24 FL 25 34238	Zip / Country 29 FL 30 34238

4. FEI Number: 59-1989985 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHLOSSER, GABRIEL J. ~~2429 POST ROAD~~ SARASOTA FL ~~34231~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4910 AVON LANE 83 84 City SARASOTA FL 85 Zip Code 34238

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHLOSSER, GABRIEL		1.2 NAME		
STREET ADDRESS	~~2429 POST ROAD~~		1.3 STREET ADDRESS	4910 AVON LANE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHLOSSER, MARY ELLEN		2.2 NAME		
STREET ADDRESS	~~2429 POST ROAD~~		2.3 STREET ADDRESS	4910 AVON LANE	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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, with all other like empowered.

SIGNATURE: Gabriel Schlosser 4-7-99 941-925-1485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)