07201999-90033-014-$550.00-$550.00

199.

AMOUNT DUE OR OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90033 014 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # G45152

1. Corporation Name
GABOR SETTLEMENTS, INC.

Principal Place of Business	Mailing Address
3901 NORTHWEST 79TH AVENUE SUITE 119 MIAMI FL 33166	3901 NORTHWEST 79TH AVENUE SUITE 119 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1983

2. Principal Place of Business	2a. Mailing Address
21 3522 THOMASVILLE RD.	26 3522 Thomasville Rd
Suite, Apt. #, etc. 22 SUITE 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 TALLAHASSEE FLORIDA	City & State 28 Tallahassee Fl
Zip 24 32308 Country 25 USA	Zip 29 32308 Country 30 USA

4. FEI Number: 59-2292598 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GABOR, FRANK 3901 NORTHWEST 79TH AVENUE SUITE 119 MIAMI FL 33166	81 Name: Diamantis, Christopher 82 Street Address (P.O. Box Number is Not Acceptable): 3522 Thomasville Rd Suite 301 83 84 City: Tallahassee FL 85 Zip Code: 32308

11. Pursuant to the provisions of sections 607.0502 and 607.1908, 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	CTD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GABOR, FRANK		1.2 NAME		
STREET ADDRESS	3901 NORTHWEST 79TH AVENUE, SUITE 119		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GABOR, JEFFREY		2.2 NAME		
STREET ADDRESS	3534 THOMASVILLE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	President - CEO	☒ Change ☐ Addition
NAME	DIAMANTIS, CHRISTOPHER		3.2 NAME	Diamantis, Christopher	
STREET ADDRESS	3534 THOMASVILLE RD		3.3 STREET ADDRESS	3522 Thomasville Rd Suite 301	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, Fl	
TITLE	S	☒ DELETE	4.1 TITLE	VP, Secretary	☐ Change ☐ Addition
NAME	CUSHMAN, CYNTHIA		4.2 NAME	Bradford, Charles	
STREET ADDRESS	3901 N.W. 79TH AVE , STE 119		4.3 STREET ADDRESS	6095 Lake Forest Drive, Suite 280	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Atlanta, Ga 30328	
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		

CR2E034 (5/99)

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #