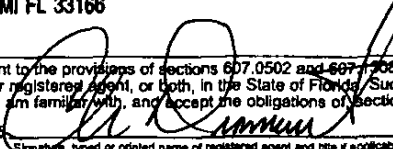
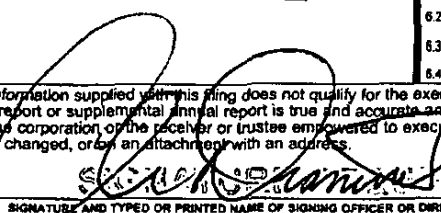


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

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 3901 NORTHWEST 79TH AVENUE SUITE 119 MIAMI FL 33168			Mailing Address 3901 NORTHWEST 79TH AVENUE SUITE 119 MIAMI FL 33168		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3522 THOMASVILLE RD. Suite, Apt. #, etc. 22 Suite 301 City & State 23 TALLAHASSEE FLORIDA Zip 24 32308 Country 25 USA			2a. Mailing Address 26 3522 Thomasville Rd Suite, Apt. #, etc. 27 Suite 301 City & State 28 Tallahassee Fl Zip 29 32308 Country 30 USA		
3. Date Incorporated or Qualified 05/31/1983			4. FEI Number 59-2292598		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No			8. Name and Address of New Registered Agent 81 Name Diamantis Christopher 82 Street Address (R.O. Box Number is Not Acceptable) 3522 Thomasville Rd Suite 301 83 84 City Tallahassee FL 85 Zip Code 32308		
9. Name and Address of Current Registered Agent GABOR, FRANK 3901 NORTHWEST 79TH AVENUE SUITE 119 MIAMI FL 33168					
11. Pursuant to the provisions of sections 607.0502 and 607.0505, 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:					
(NOTE: Registered Agent signature required when re-registering)					
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	☒ 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	☐ Change ☐ Addition	
NAME	CUSHMAN, CYNTHIA		4.2 NAME	VP, Secretary	
STREET ADDRESS	3901 N.W. 79TH AVE, STE 119		4.3 STREET ADDRESS	Bradford, Charles	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	6095 Lake Forest Drive Suite 200	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME	Atkinson, Gene 30338	
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)