

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47995

(6)

1. Corporation Name

WESTGATE CONVENIENCE CORP.

Principal Place of Business

12651 S DIXIE HWY 303
MIAMI FL 33156

Mailing Address

12651 S DIXIE HWY 303
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1985

3a. Date of Last Report
04/19/1994

2. Principal Place of Business

21 12925 SW 61 Ave

2a. Mailing Address

26 12925 SW 61 Ave

State, Apt. #, etc.

State, Apt. #, etc.

City & State

23 Miami FLA

City & State

28 Miami FLA

Zip

24 33156

Country

25 DARE

Zip

29 33156

Country

30 DARE

4. FEI Number
59-2509227

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

GORENBERG, DONALD
12651 S DIXIE HWY 303
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name GORENBERG, DONALD
82 Street Address (P.O. Box Number is Not Acceptable)
12925 SW 61 Ave
83
84 City Miami FL 85 Zip Code 33156

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHNEIDER, MARK
STREET ADDRESS 12651 S DIXIE HWY 303
CITY ST ZIP MIAMI FL

TITLE VST
NAME GORENBERG, DON
STREET ADDRESS 12651 S DIXIE HWY 303
CITY ST ZIP MIAMI FL

TITLE D
NAME GORENBERG, DON
STREET ADDRESS 12651 S DIXIE HWY 303
CITY ST ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME 12925 SW 61 Ave ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY ST ZIP Miami FL 33156

2.1 TITLE
2.2 NAME 12925 SW 61 Ave ☒ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY ST ZIP Miami FL 33156

3.1 TITLE
3.2 NAME 12925 SW 61 Ave ☒ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY ST ZIP Miami FL 33156

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
000001494380
-05/19/95--01032--001
***1600.00 ***200.00

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP ☐ Change ☐ Addition

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(1)(b), 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

Mark Schneider Pres 5/5/95 669-0628

0170001 CP