FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H84676** **(6)**

1. Corporation Name

GIDEON INVESTMENTS CO., INC.

Principal Place of Business	Mailing Address
1059 B ROAD LOXAHATCHEE FL 33470 US	P.O. BOX 875 LOXAHATCHEE FL 33470 US

3. Date Incorporated or Qualified: **11/08/1985**
3a. Date of Last Report: **08/11/1995**

2. Principal Place of Business — 21, Suite, Apt. #, etc — 22, City & State — 23, Zip — 24, Country — 25

2a. Mailing Address — 26, Suite, Apt. #, etc — 27, City & State — 28, Zip — 29, Country — 30

4. FEI Number: **59-2602698** ☐ 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

MARAJ, GWENDELIN
16244 AINTREE DR
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	MARAJ, STEPHEN A		1.2 NAME	GWENDELIN MARAJ	
STREET ADDRESS	1059 B ROAD		1.3 STREET ADDRESS	PO BOX 875 16244 AINTREE DR	
CITY-ST-ZIP	LOXAHATCHEE FL		1.4 CITY ST ZIP	LOXAHATCHEE, FL. 33470	
TITLE	VP	☐ DELETE	2.1 TITLE	PRES./TREAS.	☑ Change ☐ Addition
NAME	KOWLESSAR, PAUL		2.2 NAME	STEPHEN MARAJ	
STREET ADDRESS	842 ROYAL PALM BEACH BLVD		2.3 STREET ADDRESS	1059 B RD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	
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	200001864412 -06/18/96--01009--012 ***200.00	☐ 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		

CR2E034 (12/95)

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)(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: Gwendelin Maraj Secretary — 3/31/96 — 407-796-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
GWENDELIN MARAJ