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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIVISION OF CO	ORPORATIONS			
DOCUI	MENT #	J07067	(8)				
GOR	EM, INC.						
Principal Place	e of Business		Mailing Address		r hadriin biit dâlit tâbit dâlid di	ein einny mydyn bingu útflis úid	IN <b>Over bil</b> et <b>ind</b> t
	GROVER CLEVELAND SSA FL 34446	BLVD.	8177 W. GROVER CLEV HOMOSASSA FL 34446 US				
•••			00		3. Date Incorporated or Qualified 03/31/1986	3a. Date of Last Re	
2. Principal Pl	ace of Business	- · · · · · [	2a. Mailing Address		4. FEI Number	04/06/19	Applied For
21 Suite, Apt.	# oto		26		59-2664261		Not Applicable
22	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State	9		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be
Zφ	Cc	puntry	Zip	Country	This corporation has liability for it	Addec	199.032.
24	25	ddress of Current Re	29]	30	Florida Statutes 🔀 Yes	□No	
	9. Name and A	duress of Current Re	egistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
ALLEN	I, GORDON W.				ress (P.O. Box Number is Not Acceptable	la)	
8177 \	W. GROVER CLE				iless (F.O. Box Horriber is Hot Acceptable		
HOMO	)sassa FL 3264	6		83			
				84 City		E1 85 Zip	Code
d d Th	to the provisions of !			] ]			
or register	ed agent, or both, in	Sections 607.0502 and n the State of Florida. S	l 607.1508, Florida Statutes, Such change was authorized i	the above named corporation's boa	oration submits this statement for the pur	pose of changing its re	egistered office
	ed agent, or both, in th, and accept the o	Sections 607.0502 and n the State of Florida. S obligations of, Section 6	l 607.1508, Florida Statutes, Such change was authorized i 607.0505, Florida Statutes.	the above-named corpor by the corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its re piritment as registered	egistered office agent. I am
SIGNATURE		Sections 607.0502 and not be state of Florida. Subligations of, Section E				pose of changing its re pintment as registered	egistered office agent. I am
SIGNATURE .	Signature, typed or printed		lle if application (NOTE: I	Rugistered Agent signature require		DATE	
SIGNATURE .  12.  THE	Symmer, greator presed	carse of regressed agent and the OFFICERS AND DIS	lle if applicación (NOTE: I	Pugisterad Agard signature raquire 13. 1. 1 TITLE	ed when reinstating)	DATE	
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SIGNATURE _ 12. TILE NAME	PTD ALLEN, GOI 10315 W. B	OFFICERS AND DIE RDON W.	lle if application (NOTE: I	Pugisher of Agent signature require  13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS	ed when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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oain, 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 ghanged, or on programment with an address. SIGNATURE: ALLEN GORDON

NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 964-628-6145