## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J17492

(6)

GYPSY'S UNLIMITED INCORPORATED Principal Place of Business Mailing Address % LAWRENCE M. LITUS % LAWRENCE M. LITUS 3650 DIXIE HIGHWAY NE 3650 DIXIE HIGHWAY NE PALM BAY FL 32905-2794 PALM BAY FL 32005 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1986 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2872160 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes XNo 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LITUS, LAWRENCE M. 3850 DIXIE HWY NE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 63 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 Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change 1.1 TITLE ☐ Addition 1/1LE LITUS, LAWRENCE M. 1.2 NAME NAME 3650 DODE HWY NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 1.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY - ST - ZIP CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST - ZIP CITY-SI-ZIP

14. I do 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 are included 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 execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation or the receiver or trustee empowered to execut the fact of the corporation of

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME STREET ADORESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

LAWRENCE M. Li TYS

1/8/97 (407724987)

Addition

Addition

Change

Change

**FILED** 

Feb 12 1997 8:00am

Secretary of State