FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:31

DOCUMENT # J82349 (8)

1. Corporate Name
GEBAL CO., INC.

Principal Place of Business
% EVA GEBAL
5969 BUENA VISTA COURT
BOCA RATON FL 33433

Mailing Address
% EVA GEBAL
5969 BUENA VISTA COURT
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 07/10/1987
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 County 25 Zip 29 County 30

4. FEI Number: 59-2826560
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 Ch. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GEBAL, EVA
4233 GRIFFIN RD.
FT. LAUDERDALE FL 33314

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 Section 607.0505 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. The 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	GEBAL, EVA	4233 GRIFFIN RD	FT. LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip	Change / Addition
		EVA GEBAL	5969 BUENA VISTA CT. BOCA RATON, FL 33433	X Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this 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 in compliance with this section.

SIGNATURE: 4-24-95 305-974-1703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0262204 CF