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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K13254 (3)

1. Corporation Name
GATOR SIXTH AVE., INC.

Principal Place of Business
2250 NE 163 ST 6
NORTH MIAMI BEACH FL 33160

Mailing Address
2250 NE 163 ST 6
NORTH MIAMI BEACH FL 33160-3761



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1988		3a. Date of Last Report 02/27/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 22-2889735		Applied For Not Applicable	
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent GOLDSMITH, JAMES A 2250 NE 163 ST. #6 NORTH MIAMI BEACH FL 33160				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
85. State				FL			

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	
NAME	GOLDSMITH, JAMES A.	12. NAME	
STREET ADDRESS	2250 NE 163 ST #6	13. STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	
NAME	MISKA, DOUGLAS S.	22. NAME	
STREET ADDRESS	2250 NE 163 ST #6	23. STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	24. CITY-ST-ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)