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Jan 24 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 # K68159 (8)

1. Corporation Name  
GENTLEMEN'S QUARTERS OF KISSIMMEE, INC.



Principal Place of Business  
1108 N. BERMUDA AVE.  
KISSIMMEE FL 34741-4201

Mailing Address  
1108 N. BERMUDA AVE.  
KISSIMMEE FL 34741-4201

3. Date Incorporated or Qualified  
02/24/1989

3a. Date of Last Report  
01/26/1996

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

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

4. FEI Number  
59-2039239

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

10. Name and Address of New Registered Agent

APPEL, SHERREEN  
1108 N. BERMUDA AVE.  
KISSIMMEE FL 34741

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

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 *Allen Appel*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV
NAME	APPEL, ALLEN	1.2 NAME	APPEL, ALLEN
STREET ADDRESS	260 SHADY OAKS CIRCLE	1.3 STREET ADDRESS	8235 DIAMOND COVE CIRCLE
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	DPS	2.1 TITLE	DPS
NAME	APPEL, SHERREEN	2.2 NAME	APPEL, SHERREEN
STREET ADDRESS	260 SHADY OAKS CIRCLE	2.3 STREET ADDRESS	8235 DIAMOND COVE CIRCLE
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	T	3.1 TITLE	T
NAME	APPEL, SHERREEN	3.2 NAME	APPEL, SHERREEN
STREET ADDRESS	260 SHADY OAKS CIRCLE	3.3 STREET ADDRESS	8235 DIAMOND COVE CIRCLE
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 *Allen Appel*  
Signature, typed or printed name of signing officer or director

1/15/97 (402) 846-7450

CP2E034 (9/96)