## 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

**FILED** 

Feb 18 1997 8:00am

Secretary of State

GAMCO	IMEN 1 # K80928 INTERNATIONAL, INC.	Mailing Address			
% RONALD H. YAFFE. PRES. 2153 10TH STREET SARASOTA FL 34237		% RONALD H. YAFFE, PRES. 2153 10TH STREET SARASOTA FL 34237-3411			
				<ol> <li>Date Incorporated or Qualified</li> <li>04/13/1989</li> </ol>	3a. Date of Last Report 11/22/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65-0117789	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30		Yes No
VAE	9, Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
	Fe, ronald H. 3 10th Street			(D.C. Davidson)	
SARASOTA FL FL 34237				ress (P.O. Box Number is Not Acceptable	B)
			83		
			84 City		FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607 1508, Florida Statute of Florida, Such change was a	s, the above-named corputhorized by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607,0505, Flo	rida Statutes.		
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature requi		DATE DIDE OTO DO AN A D
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	YAFFE, RONALD H.		1.2 NAME		
STREET ADDRESS	2153 10TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	D DECESE	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		L. Change
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 City - St - Zip		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP		_	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	V	Change 4 dayst-
NAME		( OLLCIL	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1
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 perfort 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 fir trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or of a plantaging my man address.