

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K91772** (9)

1. Corporation Name

GABLES BUG, INC.

Principal Place of Business

%**FINLAY B. MATHESON**
3898 SHIPPING AVE
MIAMI FL 33146

Mailing Address

%**FINLAY B. MATHESON**
3898 SHIPPING AVE
MIAMI FL 33146



2. Principal Place of Business

2a. Mailing Address

21

26

Street, Apt., P.O.

Street, Apt., P.O.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MATHESON, FINLAY B
3898 SHIPPING AVE
MIAMI FL 33146

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 Sections 607.06(2) and 607.07(1), 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(Signature of Agent or Officer or Director)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY & STATE	4. CITY & STATE ☐ Change ☐ Addition
5. TITLE	5. TITLE
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