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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L86188

(4)

GORY INVESTMENTS CORP. Principal Place of Business Mailing Address 10226 ALLAMANDA BLVD. 10226 ALLAMANDA BLVD. PALM BEACH GARDENS FL 33410-5206 PALM BEACH GARDENS FL 33410 3a. Date of Last Report 3. Date Incorporated or Qualified 07/05/1990 10/21/1996 2a. Mailing Address 2. Principal Place of Business 4. FELNumber Applied For 59-3046714 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GORY, JR., FRANK A 81 Name 10226 ALLAMANDA BVD 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 В3 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pertect name of registered agent and tits at applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VD DELETE ☐ Change Addition TITLE 1.1 TITLE GORY, JR., FRANK A 2E034 1.2 NAME NAME 10226 ALLAMANDA BLVD. STREET ADDRESS 13 STREET ADDRESS PALM BEACH GARDENS 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition GORY, DONALD A 2.2 NAME NAME 19710 N.W. 8TH ST. 2.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZIP 34. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-Z-P 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

(96/6)

FILED

Jan 17 1997 8:00am

Secretary of State