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Apr 28 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 # **M04890** (3)

1. Corporation Name
GIMELSTOB REALTY, INC.

Principal Place of Business
**7777 W. GLADES ROAD, STE. 100
BOCA RATON FL 33434**

Mailing Address
**7777 W. GLADES ROAD, STE. 100
BOCA RATON FL 33434-4150**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1984		3a. Date of Last Report 05/10/1996	
21 Suite, Apt #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-2552803		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GIMELSTOB, HERBERT
7777 W. GLADES RD., STE. 100
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

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 607.0502 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMELSTOB, HERBERT	1.2 NAME	GIMELSTOB, HERBERT
STREET ADDRESS	7035 BERACASA WAY	1.3 STREET ADDRESS	7777 W. GLADES RD., SUITE 100
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GIMELSTOB, ELAINE
STREET ADDRESS		2.3 STREET ADDRESS	7777 W. GLADES RD., SUITE 100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LAFFERTY, LINDA
STREET ADDRESS		3.3 STREET ADDRESS	2550 N.W. 38 STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MOENERT, PAT
STREET ADDRESS		4.3 STREET ADDRESS	6400 SUGAR CANE LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BRAUN, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	2695 WALKERS WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WESTON, FL 33331
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	NAGEL, ROBERT
STREET ADDRESS		6.3 STREET ADDRESS	19986 VILLA LANTE PLACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL 33434

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/97 (561) 451-9800

CR2E034 (9/96)

ADDITIONAL OFFICERS FOR DOCUMENT #M04890
GIMELSTOB REALTY, INC.

V
HOAGLAND, RAYMOND
N/A - P.O. BOX 4051
TEQUESTA, FL 33469

V
HOAGLAND, JAN
N/A - P.O. BOX 4051
TEQUESTA, FL 33469