

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

1-25-96-60270-C
(9)

DOCUMENT # M63400

1. Corporation Name

GOTTLIEB INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

325 CORAL WAY
FT. LAUDERDALE FL 33301

325 CORAL WAY
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified
12/08/1987

3a. Date of Last Report
10/31/1995

2. Principal Place of Business

2a. Mailing Address

21. 1700 E Las Olas Blvd

2a. 1700 E Las Olas Blvd

State, Apt. #, etc.

Suite, Apt. #, etc.

22. PH # IV

27. PH # IV

City & State

28. Ft. Lauderdale FL

23. Ft. Lauderdale FL

Country USA

29. 33301

30. Country USA

4. FEI Number
65-0016290

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

GOTTLIEB, ALLEN
325 CORAL WAY
FT. LAUDERDALE FL 33301

81. Name Allen Gottlieb
82. Street Address (P.O. Box Number is Not Acceptable) 1700 E Las Olas Blvd
83. PH # IV
84. City Ft. Lauderdale FL 85. Zip Code 33301

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 consent to the collection of, Section 607.0505, Florida Statutes.

SIGNATURE

Allen Gottlieb
Allen Gottlieb

1/15/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, ALLEN B	
STREET ADDRESS	325 CORAL WAY	
CITY, ST, ZIP	FT. LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, PHYLLIS J	
STREET ADDRESS	325 CORAL WAY	
CITY, ST, ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	P
2. NAME	Allen B. Gottlieb
3. STREET ADDRESS	1700 E Las Olas Blvd PH # IV
4. CITY - ST - ZIP	Ft. Lauderdale, FL 33301
2. TITLE	S
2. NAME	Phyllis J. Gottlieb
3. STREET ADDRESS	1700 E Las Olas Blvd PH # IV
4. CITY - ST - ZIP	Ft. Lauderdale, FL 33301
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY - ST - ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY - ST - ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

Allen Gottlieb
Allen Gottlieb

1/15/96

954-467-1199

CR2E034 (12/95)