

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 18 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 # M63400 (9)
 1. Corporation Name
GOTTLIEB INTERNATIONAL, INC.



Principal Place of Business 1700 E. OLAS BLVD. PH #IV FT. LAUDERDALE FL 33301 US	Mailing Address 1700 E. LAS OLAS BLVD PH #IV FT. LAUDERDALE FL 33301 US
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1987	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0016290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 325 Coral Way Suite, Apt. #, etc. 22	2a. Mailing Address 26 325 Coral Way Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale Fla	City & State 28 Ft. Lauderdale Fla.
Zip 24 33301	Country 25 USA
Zip 29 33301	Country 30 USA

9. Name and Address of Current Registered Agent

**GOTTLIEB, ALLEN
 1700 E. LAS OLAS BLVD.
 PH # IV
 FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name Gottlieb, Allen
82 Street Address (P.O. Box Number is Not Acceptable) 325 Coral Way
83
84 City Ft. Lauderdale
85 Zip Code FL 33301

11. Pursuant to the provisions of Sections 607.0582 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 607.0507, Florida Statutes.

SIGNATURE: *Allen B. Gottlieb* **Allen Gottlieb**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME GOTTLIEB, ALLEN B	
STREET ADDRESS 1700 E. LAS OLAS BLVD, PH #IV	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME GOTTLIEB, PHYLLIS J	
STREET ADDRESS 1700 E. LAS OLAS BLVD., PH #IV	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Gottlieb, Allen B.	
1.3 STREET ADDRESS 325 Coral Way	
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33301	
2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Phyllis J. Gottlieb	
2.3 STREET ADDRESS 325 Coral Way	
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 appears in Block 12 or Block 13 if changed, or on an attachment with my address.

CR2E034 (4/97)