

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44492 (9)**  
1. Corporation Name  
**GAS INSTITUTE OF SOUTH FLORIDA, INC.**



Principal Place of Business: **225 N.W. BENTLEY CIRCLE PORT ST. LUCIE FL 34986**  
Mailing Address: **225 N.W. BENTLEY CIRCLE PORT ST. LUCIE FL 34986**

3. Date incorporated or Qualified: **07/30/1991**  
3a. Date of Last Report: **01/30/1995**  
4. FEI Number: **59-1147746**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**AUTORINO, ANTHONY  
225 N.W. BENTLEY CIRCLE  
PORT ST. LUCIE FL 34986**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRECK, DARRIN	
STREET ADDRESS	1614 N.E. 20TH ST.	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, BARRY	
STREET ADDRESS	2950 N.W. 24TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ENNIS, KATRINA	
STREET ADDRESS	437 KROME AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	AUTORINO, A.	
STREET ADDRESS	225 N.W. BENTLEY CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
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

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JORDAN	
13 STREET ADDRESS	2950 N.W. 24TH ST	
14 CITY-ST-ZIP	MIAMI, FLA 33142	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ENNIS, KATRINA	
23 STREET ADDRESS	437 KROME AVE	
24 CITY-ST-ZIP	HOMESTEAD, FL 33030	
31 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARTIN, PETER J.	
33 STREET ADDRESS	101 NW 202 TERRI	
34 CITY-ST-ZIP	MIAMI, FLA 33169	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: A. Autorino ED Date: 3-28-96 Daytime Phone #: 407-879-9294

CR2E037 (12/95)