FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
FILED
95 MAY -1 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22037** (6)

1. Corporation Name

GOBBLES, INC.

Principal Place of Business	Mailing Address
9199 REISTERSTOWN RD STE 212-C OWINGS MILLS MD 21117 US	9199 REISTERSTOWN RD STE 212-C OWINGS MILLS MD 21117 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/08/1988

3a. Date of Last Report: 03/15/1994

4. FEI Number: 52-1566448 — ☐ 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
HUNTER, LUCILLE M. 5101 E LAKES DRIVE POMPANO BEACH FL 33064	81 Name: Bill HADDEN Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 17915 Thelma Ave. Apt B 83 84 City: Jupiter FL 85 Zip Code: 33478

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] — 4-24-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MORSTEIN, ALAN J.	1.2 NAME	
STREET ADDRESS	32 BELLCHASE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PIKESVILLE MD	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SAVAL, ALBERT E.	2.2 NAME	
STREET ADDRESS	4001 OLD COURT RD #516	2.3 STREET ADDRESS	
CITY-ST-ZIP	PIKESVILLE MD	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	SAVAL, SHIRLEY	3.2 NAME	SAVAL, SHIRLEY
STREET ADDRESS	4002 OLD COURT RD #516	3.3 STREET ADDRESS	4001 OLD COURT RD #516
CITY-ST-ZIP	PIKESVILLE MD	3.4 CITY-ST-ZIP	PIKESVILLE, MD
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MORSTEIN, SANDE	4.2 NAME	
STREET ADDRESS	32 BELLCHASE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PIKESVILLE MD	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(1)(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/1/95 Date — 410/581 7373 Daytime Phone #

0397382 FP