FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business		2a. Mailing Address	
21	9199 REISTERSTOWN RD	26	9199 REISTERSTOWN RD
Suite, Apt. #, etc. 22	215-C	Suite, Apt. #, etc. 27	215-C
City & State 23	OWINGS MILLS MD	City & State 28	OWINGS MILLS MD
Zip 24	21117	Country 25	US
Zip 29	21117	Country 30	US

3. Date Incorporated or Qualified: **12/08/1988**
3a. Date of Last Report: **05/01/1995**
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

BILL HADDEN JR
17915 THELMA AVE APT B
JUPITER FL 33478

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 Section 607.0502 and 607.1501, Florida Statutes, the undersigned 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSTEIN, ALAN J. 32 BELLCHASE CT PIKESVILLE MD	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAVAL, ALBERT E. 4001 OLD COURT RD #516 PIKESVILLE MD	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVAL, SHIRLEY 4002 OLD COURT RD #516 PIKESVILLE MD	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORSTEIN, SANDE 32 BELLCHASE CT PIKESVILLE MD	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing, including any required delaware 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 above, or on an attachment with an address.

SIGNATURE: A. Morstein 4/4/96 410/581-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone