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**APPROVED
AND
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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P22038** (4)

1. Corporation Name
GOBBLES II, INC.

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

Mailing Address: **9199 REISTERSTOWN RD STE 212-C OWINGS MILLS MD 21117 US**

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

3a. Date of Last Report: **03/16/1994**

4. FFI Number: **52-1586783**

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, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**HUNTER, LUCILLE M.
5101 E. LAKES DRIVE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name: **BILL HADDEN JR.**

82 Street Address (P.O. Box Number is Not Acceptable): **17415 Thelma Ave Apt B**

84 City: **Jupiter**

85 Zip Code: **FL 33478**

11. Pursuant to the provisions of Sections 607.0603 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 607.0503, Florida Statutes.

SIGNATURE: *B. Hadden* **4-24-95**

12. OFFICERS AND DIRECTORS

11.1 TITLE: PD	11.2 NAME: MORSTEIN, ALAN J.
11.3 STREET ADDRESS: 32 BELLCHASE CT	11.4 CITY, ST, ZIP: PIKESVILLE MD
11.5 TITLE: VD	11.6 NAME: SAVAL, ALBERT E.
11.7 STREET ADDRESS: 4001 OLD COURT RD #516	11.8 CITY, ST, ZIP: PIKESVILLE MD
11.9 TITLE: S	11.10 NAME: SAVAL, SHIRLEY
11.11 STREET ADDRESS: 4001 OLD COURT RD #516	11.12 CITY, ST, ZIP: PIKESVILLE MD
11.13 TITLE: T	11.14 NAME: MORSTEIN, SANDE
11.15 STREET ADDRESS: 32 BELLCHASE CT	11.16 CITY, ST, ZIP: PIKESVILLE MD
11.17 TITLE:	11.18 NAME:
11.19 STREET ADDRESS:	11.20 CITY, ST, ZIP:
11.21 TITLE:	11.22 NAME:
11.23 STREET ADDRESS:	11.24 CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST, ZIP:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	

14. I 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)(b), 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 of this report or on an attachment with an address.

SIGNATURE: *A. Morstein* **5/1/95** **4/13/95**