

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
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**

2. Principal Place of Business
21 **9199 REISTERSTOWN RD**
22 **212-C**
23 **OWINGS MILLS, MD**
24 **21117** 25 **US**
2a. Mailing Address
26 **9199 REISTERSTOWN RD**
27 **212-C**
28 **OWINGS MILLS, MD**
29 **21117** 30 **US**

3. Date Incorporated or Qualified: **12/08/1988**
3a. Date of Last Report: **05/01/1995**
4. FEIN 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HUNTER, LUCILLE M.
5101 E. LAKES DRIVE
POMPANO BEACH FL 33064**

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 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the current registered agent

Signature of the new registered agent

DAD

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORSTEIN, ALAN J.	
STREET ADDRESS	32 BELLCHASE CT	
CITY-STATE-ZIP	PIKESVILLE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAVAL, ALBERT E.	
STREET ADDRESS	4001 OLD COURT RD #516	
CITY-STATE-ZIP	PIKESVILLE MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAVAL, SHIRLEY	
STREET ADDRESS	4001 OLD COURT RD #516	
CITY-STATE-ZIP	PIKESVILLE MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORSTEIN, SANDE	
STREET ADDRESS	32 BELLCHASE CT	
CITY-STATE-ZIP	PIKESVILLE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report 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 is supplemental and does not constitute a separate filing and a separate filing and signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The officer or director is 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 affidavit.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

410/381-9393

CR2E034 (12/95)