

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P22038** (4)
1. Corporation Name
GOBBLES II, INC.

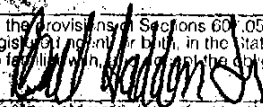
Principal Place of Business 9199 REISTERSTOWN RD STE 215-C OWINGS MILLS MD 21117 US	Mailing Address 9199 REISTERSTOWN RD STE 215-2 OWINGS MILLS MD 21117-4520 US
---	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/08/1988	3a. Date of Last Report 04/09/1996
		26 9199 REISTERSTOWN RD		4. FEI Number 52-1586783	Applied For Not Applicable
		27 STE 215-C		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
		28 OWINGS MILLS MD		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		29 21117		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

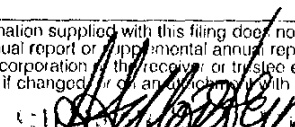
9. Name and Address of Current Registered Agent HUNTER, LUCILLE M. 5101 E. LAKES DRIVE POMPANO BEACH FL 33064		10. Name and Address of New Registered Agent 81 Name BILL HADDEN, JR 82 Street Address (P.O. Box Number is Not Acceptable) 17915 THELMA AVE. 83 APT. B 84 City JUPITER FL 85 Zip Code 33458	
---	--	---	--

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, 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: **4/29/97**

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	☐ Change ☐ Addition
NAME	SAVAL, SHIRLEY	3.2 NAME	
STREET ADDRESS	4001 OLD COURT RD #516	3.3 STREET ADDRESS	
CITY-ST-ZIP	PIKESVILLE MD	3.4 CITY-ST-ZIP	
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(3)(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 an addition with an address.

SIGNATURE:  DATE: **4/29/97** **4/15/87 9383**

CR2E034 (9/96)