

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 SUITE 215-C OWINGS MILLS MD 21117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/08/1988	
4. FEI Number 52-1586783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HADDEN, BILL JR
17915 THELMA AVE
APT B
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name Bryan MURPHY	
82 Street Address (P.O. Box Number is Not Acceptable) 6018 SHERWOOD GLEN WAY	
83 APT 7	
84 City West Palm Beach	85 Zip Code FL 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Sandra Mortham* DATE: **4/30/98**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: *Sandra Mortham* DATE: **4/30/98**

CR2E034 (10/97)