

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001492449
-05/17/95--01171--023
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P23883

(2)

1. Corporation Name

J.J. GORMEY CREDIT CORP.

Principal Place of Business

% MANUEL GORDON
1440 S OCEAN BLVD. APT 8A
POMPANO BEACH FL 33062

Mailing Address

% MANUEL GORDON
1440 S OCEAN BLVD. APT 8A
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

04/14/1989

3a. Date of Last Report

03/09/1994

4. FEI Number

13-2888890.

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

9. Name and Address of Current Registered Agent

GORDON, MANUEL
1440 S OCEAN BLVD, APT 8A
POMPANO BEACH FL 33062

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 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed in printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required after investigation)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GORDON, MANUEL
STREET ADDRESS 1440 S OCEAN BLVD., APT 8A
CITY, ST, ZIP POMPANO BEACH FL

TITLE VD
NAME GORDON, ROBERT
STREET ADDRESS 8 BRIARCLIFF RD.
CITY, ST, ZIP CHAPPAQUA NY

TITLE SGT
NAME ROBINS, BONNIE
STREET ADDRESS 3236 LOOKOUT ST.
CITY, ST, ZIP MOHEGAN LAKE NY

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do 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 if changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95

(Signature) (Name)