

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:06

DOCUMENT # P92000013114 (3)

1. Corporation Name
GOTTFRIED INTERNATIONAL REAL ESTATE, INC.

Principal Place of Business: **219 WORTH AVE. PALM BEACH FL 33480 US**
Mailing Address: **219 WORTH AVE. PALM BEACH FL 33480 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Revoked: **12/18/1992**
3a. Date of Last Report: **02/28/1994**

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

4. File Number 65-0381088	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOTTFRIED, ROBERT W 219 WORTH AVE. PALM BEACH FL 33480				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROBERG, PETER S	1.2 NAME	PAMELA HOFFPAUER
STREET ADDRESS	223 PERUVIAN AVE.	1.3 STREET ADDRESS	219 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFPAUER, PAMELA	2.2 NAME	
STREET ADDRESS	P.O. BOX 2374 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDLE, BONNIE E	3.2 NAME	
STREET ADDRESS	224 DARMOUTH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 compiled with this report is voluntarily furnished and that, not specially for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information furnished on this annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report.

SIGNATURE: *[Signature]* DATE: **2/9/95** (1107) 655-8600