FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000013114 (3)**

1. Corporation Name

GOTTFRIED INTERNATIONAL REAL ESTATE, INC.

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

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

3. Date Incorporated or Qualified: **12/18/1992**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: **65-0381088** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

GOTTFRIED, ROBERT W
219 WORTH AVE.
PALM BEACH FL 33480

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 607.1005, 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		
1 TITLE	P	☒ DELETE	1 TITLE	PRESIDENT	☐ Change ☒ Addition
1 NAME	BROBERG, PETER S		1 NAME	PAMELA HOFFPAUER	
1 STREET ADDRESS	223 PERUVIAN AVE.		1 STREET ADDRESS	219 WORTH AVENUE	
1 CITY-ST-ZIP	PALM BEACH FL 33480		1 CITY-ST-ZIP	PALM BEACH FL 33480	
2 TITLE	V	☐ DELETE	2 TITLE		☐ Change ☐ Addition
2 NAME	HOFFPAUER, PAMELA		2 NAME		
2 STREET ADDRESS	219 WORTH AVENUE		2 STREET ADDRESS		
2 CITY-ST-ZIP	PALM BEACH FL		2 CITY-ST-ZIP		
3 TITLE	ST	☐ DELETE	3 TITLE		☒ Change ☐ Addition
3 NAME	CORDLE, BONNIE E		3 NAME		
3 STREET ADDRESS	224 DARMOUTH DR.		3 STREET ADDRESS	1515 S FLAGLER DR #1001	
3 CITY-ST-ZIP	LAKE WORTH FL 33460		3 CITY-ST-ZIP	WEST PALM BEACH FL 33401	
4 TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
4 NAME			4 NAME		
4 STREET ADDRESS			4 STREET ADDRESS		
4 CITY-ST-ZIP			4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
5 NAME			5 NAME		
5 STREET ADDRESS			5 STREET ADDRESS		
5 CITY-ST-ZIP			5 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
6 NAME			6 NAME		
6 STREET ADDRESS			6 STREET ADDRESS		
6 CITY-ST-ZIP			6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, and 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 on an attachment with an address.

SIGNATURE: Bonnie E. Cordle 2/9/96 (407)655-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bonnie E. Cordle