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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013114 (3)

GOTTFRIED INTERNATIONAL REAL ESTATE, INC.

219 WORTH AV PALM BEACH I		219 WORTH AVE. PALM BEACH FL 33480-4614								
US		US				3. Date Incorporated or Qualified 12/18/1992	3n. Date of 02/13/1		eport	
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>		nlind Enr	
21		26	⊢ ¬			65-0381088	Applied For Not Applicable			
Suite, Apt	#, elc	Suite, Apt. #, etc.	··				\$E	$\overline{}$	Additional	
22		27	27			5. Certificate of Status Desired	, ,		equired	
City & State	7.	City & State	City & State			6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,				
24	25		30			Florida Statutes Yes No				
707	9. Name and Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New Regi	stered Agent			
	TFRIED, ROBERT W		Ĺ							
	Worth Ave. M Beach FL 33480			82	Street Add	dress (P.O. Box Number is Not Acceptable	;)	-		
r/w.i	M DEAUN FL 33400		h	83	-					
			Ľ							
			[-	84	City		FL 85	Zip (Code	
11. Pursuant f	to the provisions of Sections 607 050	2 and 607.1508, Florida Statute	es the ab	ove	-named cor	rogration submits this statement for the our	roose of chan	ging it	e registered	
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										
12.				Hegistered Agent signature requi		uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRE	CTOR	C IN 12	
THILE	P DELETE			1.1 TITLE		ADDITIONS/OF/ARGES TO CITIED	C C		Addition	
NAME	HOFFPAUER, PAMELA	1 —4	1.2 NAN					Rango		
STREET ADDRESS	219 WORTH AVE				*DDDESS				ļ	
CITY-ST-ZiP	PALM BCH FL		1 3 STREET ADDRESS 1.4 CITY-ST-ZIP							
TITLE	V DELETE		_	21 TITLE				hange	Addition	
NAME	HOFFPAUER, PAMELA	****	2.2 NAM				h	iting.	Las rounion	
STREET ADDRESS	219 WORTH AVENUE		1		ADDRESS					
CITY-ST-ZIP	PALM BEACH FL		1							
TITLE	ST	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		1-24		[] C	hange	Addition	
NAME	CORDLE, BONNIE E		3.2 NAN					·	L	
STREET ADDRESS	1515 S FLAGLER DR, #1001				ADDRESS				İ	
CITY-ST-ZIF	WEST PALM BCH FL		3.4. CIT						ļ	
TITLE	DELETE		4.1 TITL				c	hange	Addition	
NAME			4. 2 NA	ME			_			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CHT							
TITLE		DELETE	5.1 TiTL				□ c	hange	■ Addition	
NAME			5.2 NAN	ИE				-	_	
STREET ADORESS			5.3 STR	EET /	ADDRESS					
CITY+ST+ZIP			5.4 CIT1							
TITLE	TO A COLUMN TO A C	DELETE	6.1 TITL				□ c	hange	Addition	
NAME			6.2 NAN	ИE						
STREET ADDRESS			6.3 STR	EET /	ADDRESS					
CITY - ST - ZIP	\wedge		6.4 CITY							
	y certify that the information supplied	whis line does not qualify				ed in Section 119.07(3)(i), Florida Statutes.	I further certif	y that	the	
14. I do hereby certify that the information supplied with this blies does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this air nual report or supply from the formation indicated on this air nual report or supply from the formation indicated on this air nual report of the supply air to the same legal effect as if made under oath; that I am an officer or or crecity of the supply air or the supply air to the employed to execute this report as required by Chapter 607, Florida Statutes; and that my name										

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that typical employed to execute this report as required by Chapter 607, Florida Statutes; and that my name