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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000018789 (6)

1. Corporation Name
GORDON FAMILY HOMES, INC.



Principal Place of Business

900 NORTH FEDERAL HWY.
SUITE 380
BOCA RATON FL 33432

Mailing Address

900 NORTH FEDERAL HWY.
SUITE 380
BOCA RATON FL 33432-2754

3. Date Incorporated or Qualified
03/11/1993

3a. Date of Last Report
02/28/1996

4. FEI Number

65-0412155

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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A
900 N. FEDERAL HIGHWAY
SUITE 380
BOCA RATON FL 33432

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GORDON, GARY
STREET ADDRESS 900 N. FEDERAL HWY., SUITE 380
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE VP
NAME KOOLIK, IAN J
STREET ADDRESS 728 ST. ALBANO DR.
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE VP
NAME GORDON, ROBERT
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME GORDON, GARY
1.3 STREET ADDRESS 101 S. CONGRESS AVE.
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

☒ Change

☐ Addition

2.1 TITLE VP
2.2 NAME KOOLIK, IAN J
2.3 STREET ADDRESS 101 S. CONGRESS AVE.
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

☒ Change

☐ Addition

3.1 TITLE VP
3.2 NAME GORDON, ROBERT
3.3 STREET ADDRESS 101 S. CONGRESS AVE
3.4 CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY GORDON, PRES.

4/30/97

561-272-2442

CR2E034 (9/96)