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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000038452 (7) **DOCUMENT #** 

GFI INDUSTRIES, INC.

Principal Place o	f Business
-------------------	------------

Maling Address

5440 NORTH STATE ROAD 7, SUITE 223



FORT LAUDERDALE FL 33319			FORT LAUDERDALE FL 33319						
						3. Date Incorporated or Qualified 05/24/1993	3a. Date <b>05</b>	of Last	•
· ·	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21	26					65-0514283		[	Not Applicable
Suite, Apt.		c. Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	ee	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Z/p	h	Country		8. This corporation has liability for it		unde	s 199.032,
24		25 29 30				Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	····	04		10. Name and Address of New R	egistered A	gent	
				81	Name				
	S, NORMAN			82	Street Addre	ss (P.O. Box Number is Not Acceptable	Θ)		
8181 WEST BROWARD BLVD.									
SUITE 3				83					
PLANTA	TION FL 33324			84	City			85	Zip Code
44 Disservant	to the provisions of O-F CO-CO-	0-140074600 5: :1 6: :1					FL	1 1	
or register familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Flor th, and accept the obligations of, Sec	z and 607.1508, Florida Statul iida. Such change was authoriz ition 607.0505, Florida Statute:	tes, the abo zed by the s.	ove-n corpo	named corpora oration's board	tion submits this statement for the purp of directors. Thereby accept the appo	oose of char intment as r	iging it egister	s registered office ed agent. I arn
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title 1 applicable (N	OIt: Rugistere	d Agen	t signature required i	when reinstating)	DATE		v
12.	OFFICERS AN	ID DIFIECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	TORS IN 12
TITLE	P	☐ DELETE	1.1	1. 1 TITLE				] Chang	
NAME	FEINSTEIN, LEONARD		1.2 N	IAME					
STREET ADDRESS	7603 NW 18TH COURT		1.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	MARGATE FL 33063		1.4 0	1.4 C(LY - ST - ZIP					
TITLE		DELETE	2 1	TITLE				] Chang	e 🔲 Addition
NAME			2.2 N	IAME					
STREET ADDRESS			238	STREET	ADDRESS				
CHTY-ST-ZIP			240	HTY-S	T-ZIP				
TITLE		DELETE	3.17	TITLE		☐ Change ☐ Addi			e 🔲 Addition
NAME			3.2 N	IAME					
STREET ADDRESS	1				l l				
			3 3. 5		ADDRESS				
CITY-ST-ZIP	THE PERSON AND THE PE								
TITLE		DELETE		STREET			C	) Chang	e Addition
TITLE NAME		DELETE	340	STREET DIY-S TITLE			Ē	Chang	e Addition
TITLE NAME STREET ADDRESS		DECETE	34 C 4 1 T 4 2 N 4.3 S	STREET DIY-S' TITLE JAME STREET	T-ZIP ADDRESS		Ē	) Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			34 0 4 11 4 2 N 4 3 S 4 4 0	STREET  OTY-STITLE  HAME  STREET  OTY-ST	T-ZIP ADDRESS				<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELFTE	340 411 42N 43S 440 511	STREET OHY-S' HITLE HAME STREET OHY-SI	T-ZIP ADDRESS			Chang	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			340 411 42N 43S 440 511	STREET DITY-S' HAME STREET DITY-SI HAME	1-ZIP  ADDRESS  1-ZIP				<del></del>
TITLE  NAME  STREET ADORESS  CITY-S1-ZIP  TITLE  NAME  STREET ADORESS			34 C 4 17 42 N 43 S 44 C 5 17 52 N 53 S	STREET DITY-ST HAME STREET DITY-ST HAME HAME HAME HAME HAME HAME	ADDRESS r-zip				<del></del>
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELFTE	34 C 4 11 4 2 N 4 3 S 4 4 C 5 11 5 2 N 5 3 S 5 4 C	STREET  OTY-ST  TITLE  MAME  STREET  OTY-ST  TITLE  MAME  STREET  OTY-ST  OTY-ST  OTY-ST	ADDRESS r-zip		C	] Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			34 C 4 11 42 N 43 S 44 C 5 11 5 2 N 5 3 S 5 4 C 6 1 1	STREET CITY-ST TITLE TAME STREET CITY-ST TITLE CITY-ST TITLE TITLE TITLE	ADDRESS r-zip		C		e
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		[] DELFTE	340 411 42 N 43 S 44 C 511 52 N 53 S 54 C 611 62 N	STREET DIY-ST HAME STREET DIY-ST HIFLE HAME STREET STREET STREET STREET STREET STREET STANE STREET STANE STREET	ADDRESS r-zip  ADDRESS f-Zip  ADDRESS f-Zip		C	] Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELFTE	340 411 42N 43S 440 511 52N 53S 540 611 62N 63S	STREET DIY-ST HAME STREET DIY-ST HIFLE HAME STREET STREET STREET STREET STREET STREET STANE STREET STANE STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS		C	] Chang	e

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: