

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000050664 (0)**

1. Corporation Name  
**GWEN'S PLACE, INC.**



Principal Place of Business

995 SW 67TH AVE  
MIAMI FL 33144

Mailing Address

995 SW 67TH AVE.  
MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUNHILD SAGY,  
995 SW 67TH AVE.  
MIAMI FL 33144**

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 609.009 and 609.010, Florida Statutes, I, the undersigned, hereby make 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. The entity accepted the appointment as registered agent. I am familiar with and accept the obligations of section 609.009, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

12.

1. TITLE

**D**

**SAEY, GUNHILD  
995 SW 67TH AVE.  
MIAMI FL 33144**

DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied by the filer is a true and correct statement for the purposes of Section 199.03(3)(a), Florida Statutes. I further certify that the information furnished on this annual report is a complete and correct statement and that the signature of the filer shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, and that the name of the filer is printed on the certificate as required by Chapter 609, Florida Statutes, and that my name appears in Back 12 or Back 13 of this report, or on an attachment to an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gunhild Sae*  
1/18-96

CR2E034 (12/95)