FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068824 (0)**

1. Corporation Name

GFA OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1101 HOLLAND DR STE 7 BOCA RATON FL 33487	1101 HOLLAND DR STE 7 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 5761 SE Indendence Cir.
22: Suite, Apt. #, etc.
23: City & State: Ft. Myers, FL
24: Zip: 33912
25: Country: USA

2a. Mailing Address
26: 442 NW 35th Street
27: Suite, Apt. #, etc.
28: City & State: Boca Raton, FL
29: Zip: 33431
30: Country: USA

4. FEI Number: 65-0439529 ☐ 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

FRIONE, FRANK
1101 HOLLAND DR
STE 7
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Frione, Frank
82 Street Address (P.O. Box Number is Not Acceptable): 442 NW 35th Street
83:
84 City: Boca Raton **FL** 85 Zip Code: 33431

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] DATE: 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition PSD
NAME	FRIONE, FRANK	12 NAME	Frione, Frank
STREET ADDRESS	1101 HOLLAND DR #7	13 STREET ADDRESS	442 NW 35th Street
CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VTD	21 TITLE	☒ Change ☐ Addition VD
NAME	KAUB, FRED	22 NAME	Kaub, Fred
STREET ADDRESS	1101 HOLLAND DR #7	23 STREET ADDRESS	442 NW 35th Street, Boca Raton 3343
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☒ Addition TD
NAME		32 NAME	Thomas Ortner
STREET ADDRESS		33 STREET ADDRESS	5761 SE Independence Cir.
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: Frank Frione 03/06/95 407-347-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000113 CP