

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
FILED

65 MAY -1 1996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078204 (3)

1. Corporation Name

G.B.S. OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3071 SPANISH RIVER ROAD
BOCA RATON FL 33432
US**

Mailing Address
**3071 SPANISH RIVER ROAD
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 07/21/1994
4. FFI Number 65-0448744	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 § 192.012, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent

**MARCH, EDWARD E
501 E. CAMINO REAL
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (If C. Box Number, Not Applicable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 190.01, 190.02 and 190.03, 1995 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, if duly organized the appointment of a registered agent. I am familiar with and accept the change of name of this corporation.

SIGNATURE

12. CURRENTLY LISTED OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D MARCH, REID E	STREET ADDRESS 3071 SPANISH RIVER RD.	NAME	☐ Change ☐ Add
CITY & STATE BOCA RATON FL 33432		STREET ADDRESS	☐ Change ☐ Add
NAME		CITY & STATE	☐ Change ☐ Add
STREET ADDRESS		NAME	☐ Change ☐ Add
CITY & STATE		STREET ADDRESS	☐ Change ☐ Add
NAME		CITY & STATE	☐ Change ☐ Add
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STREET ADDRESS		NAME	☐ Change ☐ Add
CITY & STATE		STREET ADDRESS	☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(4)(b), Florida Statutes. I further certify that this 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an authorized officer or director.

SIGNATURE:

Reid March *Reid March*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(407) 361-6273