## 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 DOCUMENT #

P93000078836 (2)

| G.P. P  | ABLO, INC.   |   |                                  | 1 1984 (1881 t) A 1818 A 1914 H 4411 A 4111 A 4111 A  | 11 <b>55</b> 11 1868 1868 1878 1778        |
|---|--|---|----------------------------------|---|--|
|   |  |   |                                  |   |  |
| Principal Place   | e of Business  | Mailing Address   |                                  |   | (4 BELIK 1888) 1818) 18186 (1118 8110 1881 |
| 11 <del>50 S ROCERS CIRCLE</del><br>BOCA RATON FL 33487         |  | 118 <del>0 S ROGERS GIROLE</del> -<br>BOCA RATON FL 33487       |                                  |   |  |
| 2 0   |  |   |                                  | 11/16/1993  | 3a. Date of Last Report<br>04/24/1995      |
| 21 635  | ace of Business  3 W. LOG-ELJ CILCL  | ·   | 3760                             | 4. FEI Number<br>65-0448594   | Applied For Not Applicable                 |
| <del></del>   | ITE  | Suite, Apt #, etc.  |                                  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required             |
| City & State  |  | 28 BOCA RAT   | N, FL                            | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees             |
| <b>24 2φ 3 3 9</b>  | (87 25 USA   | 29 33427  | Country USA                      | 8. This corporation has liability for inta<br>Florida Statutes  | <b>∑</b> No                                |
|   | 9. Name and Address of Curren  | Registered Agent  | 81 Name                          | 10. Name and Address of New Reg   | Istered Agent                              |
| HAHAMOVITCH, HARRY H  1160 S ROGERS CIRCLE  POCA PATON EL 20107 |  |   |                                  | Address (P.O. Bex Number is Not Acceptable)  57 W. COLERS (IRCLE  ALTE    B5 Zip Code                     |  |
| 11. Pursuant to   | o the provisions of Security 17 10502<br>ed agent, or both, in 17/2 Styleth Florid<br>h, and accept the of gally 15/4, Section | and 607.1508, Florida Statutes<br>3. Such change was authorized | s, the above named corp          | OCA RATION  oration submits this statement for the purpor  and of pirectors. I brough account the appoint | FL   JJY8 /                                |
| familiar wit<br>SIGNATURE                                       | h, and accept the of ight his dy Section   | ਆਂ 607.0505, Florida Statutes                                   | and the second to second         | and of directors. Thereby accept the appoint  |  |
|   | Signal to types of production with A R.  | CH- HAHAMOVIT   | CH PACE                          | retaing   | 4-19-96                                    |
| 12.   | OFFICERS AND   | * · · · · · · · · · · · · · · · · · · ·                         | <b>1</b> 3.                      | ADDITIONS/CHANGES TO OFFICE   |  |
| NAME  | P/D<br>Hahamovitch, Harry H  | ☐ DELEJE  | 1 1 T-TLE                        | HARRY MAHAMOVITCH   | Change Addition                            |
| STREET ADDRESS  | 1160 S. ROGERS CIRCLE  |   | 1.2 NAME                         | BOCA RATON, FL 334  | ice #/                                     |
| CITY - ST - ZIP   | BOCA RATON FL 33487  |   | 1.3 STREET ADORESS               | ROCA RATION FL 334  | 187  |
| TITLE   | DOON TOTT I 2 30407  | [] DELETE   | 2 1 11TLF                        | ,   |  |
| NAME  |  | L_J Stitle  | 2.2 NAME                         |   | Change Addition                            |
| STREET ADDRESS  |  |   |                                  |   |  |
| CITY-ST-ZIP   |  |   | 2.3 STREET ADDRESS               |   |  |
| TITLE   |  | ☐ DELETE  | 2 4 C+1Y - ST - ZIP<br>3 1 TiTLE |   | Change Addition                            |
| NAME  |  | <u>_</u>  | 3 2 NAME                         |   | Change Addition                            |
| STREET ADDRESS  |  |   | 3.3 STREET ADDRESS               |   |  |
| CITY-ST-ZIP   |  |   | 3.4 Cilly - St - ZiP             |   |  |
| TITLE   |  | ☐ DELETE  | 4 1 bT; f                        |   | Change Addition                            |
| NAME  |  |   | 4.2 NAME                         |   | T our ride T Man (104).                    |
| STREET ADDRESS  |  |   | 4.3 STRUET ADDRESS               |   |  |
| CITY-S1-ZIP   |  |   | 4 4 C TY - ST - Z/P              |   |  |
| TITLE   |  | ☐ DELFIE  | 5 1 T TLF                        |   | Change Addition                            |
| NAME  |  |   | 5.2 NAME                         |   | energe redution                            |
| STREET ADDRESS  |  |   | 5 3 STREET ADDRESS               |   |  |
| CITY - ST - ZIP   |  |   | 54 CITY-SI ZIP                   |   |  |
| TITLE   |  | DELETÉ  | 6 1 TITLE                        |   | Change Addition                            |
| NAME  |  | _   | 6 2 NAME                         |   | □ o rango □ naontron                       |
| STREET ADDRESS  |  |   | 6.3 STREET ADDRESS               |   |  |
| CITY-ST-ZIP   | n  |   | 6 4 Crity - ST - ZiP             |   |  |
|   | certify that the information supply of wi  | ····  |                                  | for the exemption stated in Section 119.07(<br>ate and that my signature shall have the san               |  |

oath, that I am an officer or director of the processor o

SIGNATURE:

SIGNATURANDE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR HORES I DENT

4-18-96