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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400023315 (2)
1. Corporation Name
GABLES/BEDZOW, INC.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business		Mailing Address		The state of the s	the state of the s
9999 COLLINS	AVENUE	9999 COLLINS AVENUE			
APT. 16-K	, ,,,,,,,,,	APT. 16-K			
MIAMI BEACH	FL 33140	MIAMI BEACH FL 33154-1	1834		
				3. Date incorporated or Qualified 03/25/1994	3s. Date of Last Report 06/24/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0494307	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zıp	· Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre			10. Name and Address of New Re	istered Agent
SHE	EAR, DAVID ESQ.	······································	81 Name		
	LOSTONE LESTER & SHEAR		AD Charles	(2.0 De-Marchar in Mot Appendix	
200 S. BISCAYNE BLVD., SUITE 2100			82 Street Add	dress (P.O. Box Number is Not Acceptab	e)
			83	*	
en urv	IMI FL 00 10 I		["]		
			84 City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F.	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered tithe appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag		TE: Registered Agent signature requ		DATE
12.	<u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	E 1 TITLE	where where where gives given where weight a	Change Addition
NAME	BEDZOW, BENJAMIN		1.2 NAME	60000535	s fatfilla iss
STREET ADDRESS	9999 COLLINS AVENUE, APT	∵ 16-K	13 STREET ADDRESS	-08\08\3	01018006
CITY-ST-ZIP	MIAMI BEACH FL 33140	•	1 4 CiTY-ST-ZIP	非非非非特别的。	00 ***165,00
TITLE		DELETE	21 TITLE		Change Addition
			2.3 NAME		
NAME					
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP		- December	2 4 CITY - ST - ZIP		Change Addition
TITLE.		☐ DELETE	3 1 TITLE		FT CHRUBE FT MORROW
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS	•	
CITY+ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
			1	* 1.	<u> </u>
NAME		e g	5 2 NAME	Digityrese	
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CITY-SI-ZIP			54 CITY-ST-ZIP		
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NAME			62 NAME		11 11
			63 STREET ADDRESS		ll Al
NAME STREET ADDRESS CITY-ST-ZIP					(rdk)

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 the loculous of an attached that has address.