

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT**



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

1996 8-13-96

B-7780

DOCUMENT # P94000028773 (7)

1. Corporation Name

GARY SOBEL ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1113 NE 4TH ST
FORT LAUDERDALE FL 33301
US

405 NE 12TH AVENUE
FORT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21 1104 NE 13 AVE

26 1104 NE 13 AVE

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 FT LAUDERDALE FL

28 FT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33304

25 USA

29 33304

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0487252

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

10. Name and Address of New Registered Agent

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 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 type the printed name of a registered agent and the address at (NOTE: Registered Agent signature required when effecting change)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME SOBEL, GARY
STREET ADDRESS 1113 NE 4 ST
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director
12 NAME SOBEL, GARY
13 STREET ADDRESS 1104 NE 13 AVENUE
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33304-2212

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

8/1/96 527-0345

CR2E034 (3/96)