

**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 1996**



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

**DOCUMENT # P94000043672 (2)**

1. Corporation Name

**GAGEL'S EXPORT, INC.**



Principal Place of Business

Mailing Address

**6609 SOUTH 78TH ST.  
 RIVERVIEW FL 33569**

**6609 SOUTH 78TH ST.  
 RIVERVIEW FL 33569**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24 9. Name and Address of Current Registered Agent

**GAGEL, MICHAEL T  
 6609 SOUTH 78TH ST.  
 RIVERVIEW FL 33569**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**06/10/1994**

3a. Date of Last Report

**08/14/1995**

4. FEI Number

**59-3247328**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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

*Michael T. Gagel*

(If the Registered Agent's signature required when re-registered)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE

**P  
 MICHAEL T. GAGEL  
 6609 S. 78TH ST.  
 RIVERSIDE FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**VP  
 SHERI S. GAGEL  
 6609 S. 78TH ST.  
 RIVERSIDE FL**

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**Riverview**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

**Shari S. Gagel**

**Riverview**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

**600001918666  
 -08/12/96--01009--010  
 \*\*\*225.00**

SIGNATURE:

*Shari S. Gagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-18-96**

**813-677-4431**

**8/19/96**

CP2E034 (3/96)

CP