

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049250 (1)

1. Corporation Name
G.P. KISSIMMEE, INC.



Principal Place of Business
1100 S. ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address
P O BOX 3760
BOCA RATON FL 33427
US

3. Date Incorporated or Qualified 07/01/1994 3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 6353 W. ROGERS CIRCLE

2a. Mailing Address

4. FET Number APPLIED FOR 65-0631078 Applied For Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 BOCA RATON, FL

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33487 25 Country USA

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAHAMOVITCH, HARRY H
1100 S. ROGERS CIRCLE
BOCA RATON FL 33487

81 Name

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

83 6353 W. ROGERS CIRCLE

84 SUITE 1

85 City BOCA RATON

FL 85 Zip Code 33487

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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and

HARRY

HAHAMOVITCH

4-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME HAHAMOVITCH, HARRY
STREET ADDRESS 1100 S. ROGERS CIRCLE
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

TITLE V
NAME GEISERMAN, ROBERT
STREET ADDRESS 1160 S. ROGERS CIRCLE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

1.2 NAME 6353 W. ROGERS CIRCLE #1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 a 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 changed from or an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY HAHAMOVITCH, PRESIDENT

4-22-96

DATE

407-994-2232

DAYTIME PHONE #

CR2E034 (12/95)