

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000082585 (8)

1. Corporation Name

GATTPAC INTL., INC.



Principal Place of Business

Mailing Address

11864 NW 30TH STREET  
CORAL SPRINGS FL 33065

11864 NW 30TH STREET  
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 10614 Cypress Bend Dr  
Suite, Apt # etc

26 10614 Cypress Bend Dr  
Suite, Apt # etc

22 City & State

27 City & State

23 Boca Raton FL

28 Boca Raton FL

24 Zip

25 Country

29 Zip

30 Country

33498

USA

33498

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

07/31/1995

4. FEI Number

65-0549445

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

MEDINA, WILLIAM G  
11864 NW 30TH STREET  
CORAL SPRINGS FL 33065

81 Name

H. Barry Swickh

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

10614 Cypress Bend Drive

83

84 City

Boca Raton

FL

85 Zip Code

33498

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

H. Barry Swickh

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature is required for reinstatement)

8-6-96

Date

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MEDINA, WILLIAM G  
STREET ADDRESS 11864 NW 30TH STREET  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 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:

H. Barry Swickh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

Date

(407) 852-1553

Daytime Phone

CR2E034 (3/96)