

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:41

DOCUMENT # P94000090699 (7)

1. Corporation Name

TWO GABES, INC.

Principal Place of Business

**4275 N.E. SIXTH AVENUE
OAKLAND PARK FL 33334**

Mailing Address

**4275 N.E. SIXTH AVENUE
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

4. FEI Number

65-0545377

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**MURPHY, T N JR
700 W. HILLSBORO BLVD.
BLDG. 4 SUITE 206
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name

Joyce Golden

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

4275 N.E. 6 Avenue

83

84 City

Oakland Park,

FL

85

Zip Code
33334

11. Pursuant to the provisions of Sections 607.0602 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

Joyce Golden

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GOLDEN, MARK B

STREET ADDRESS

4275 N.E. SIXTH AVE.

CITY - ST - ZIP

OAKLAND PARK FL 33334

TITLE

D

NAME

GOLDEN, JOYCE L

STREET ADDRESS

4275 N.E. SIXTH AVE.

CITY - ST - ZIP

OAKLAND PARK FL 33334

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

Change Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE

Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

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 110.07(3)(H), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joyce Golden

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOYCE GOLDEN

4/10/95

DATE

305-565-1604

Telephone Number