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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Scoretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#
1. Corporation Name	

P95000048218 (8)

M. GAUGY, INC.																	
Pı	nncipal Place	of Business	3			Main	ing Address					1		08(II) <b>00</b> (II) <b>0</b> 16(			HOU!
6805 TIBURON CIRCLE BOCA RATON FL 33433						6805 TIBURON CIRCLE BOCA RATON FL 33433											
		··		·· •• • • • • • • • • • • • • • • • • •									Date Incorporated or Qualified 06/19/1995	3a. Date	of Last	Rep	oort
	, Principa! Pla 1	ace of Busin	ess		h	2a. Mailing Address						4.	. FEI Number	•		<del></del>	oplied For
21					26	26						ļ <i>,</i>	65-059727	<b>&gt;</b>			ot Applicable
22	<u> </u>	ot #, etc.					Suite, Apt. #, etc.					ļ	. Certificate of Status Desired		Fe	e Re	Additional equired
23	- City & State I	)				"1	Dity & State					6.	Election Campaign Financing				May Be
23	l Zip		Τ	Country	28	<b></b>	 7ф	Т	Country			_	Trust Fund Contribution				to Fees
24	]		25	ooune,	29		· ¶2	30	Ootii ii y	in try			. This corporation has liability for i Flooda Statutes ☐ Yes		unber	SI	99.032,
-	L	9. Name	<u> </u>	Address of Curr	L	1	red Agent					10.	Name and Address of New R		gent		
									81		Name		: v = 1 = 14 = 14 = 14 = 14 = 14 = 14 = 1		<del></del>		
	BAGDAS	SARIAN, R	ICHA	ARD C					82	H	Stroot Address	oc /P	O. Box Number is Not Acceptab	(e)			
1				VD NW SUITE 3	02				02	`	GUBBI Addres	יו כנ	. O. DON NORMOOF IS NOT MODERATED	0,			
BOCA RATON FL 33431									83								
									84	١,	City			FL	85	Ziρ	Code
1	1. Pursuant t	o the provis	ions (	of Sections 607.05i	02 acd 6	607	1508 Florida Statu	tes the	abose r	L	mied constrat	นดก ร	submits this statement for the pur			te rai	uetered office
`	or registeri	ed agent, or	both	i, in the State of Flo	anda Su	ich c	change was authori. 505, Florida Statute	zed by t	the corp	Or a	ation's board	oʻ d	firectors. Thereby accept the appoint	ointment as i	egister	red a	igent Lam
l _		m, and acce	epi in	e obligations of, 5e	scuon bu	17 .UC	505, Florida Statute	S									
S	IGNATURE _	Signature typed	for prin		ent an Late	·il sig	is at la (N	O'L fregin	tlenst Age		signation of pared •	sher re	red state gi	DATE			
1:	2.			OFFICERS A	ND DIRI	ECH	ORS	L	13.				ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TOR	S IN 12
[ 70	TLE	D					DELETE		1 1 TITLE						] Chang	le le	Addition
NA	WE			CHELLE				1	12 NAME								
Sī	TREET ADDRESS			ION CIRCLE					13 STEEL	ΑĽ	DORESS						
	TY - ST - ZIP	BOCA	RAT	ON FL 33433			· · - · <u> · · · · · · · · · · · · · ·</u>		1.4 CITY - S	- 1	ZIP						
	TLE						☐ DELETE		2 1 TITLE						] Chang	je	Addition Addition
ŀ	AME.								2.2 NAME								
1	REET ADDRESS								2 3 STAEFT								
	TY-S1-ZIP TLE						[] DELETE		2.4 CHY - S	Ι.	ZIP				Chang		Addition .
1	AME								3 1 TITLE 3 2 NAME					٠ ـ	j Gridilij	ju	Addition
ı	TREET ADDRESS								azname as Siree:	į a:	LODBESS						
ı	TY-S1-ZIP							- 1	a o other 3 4 City - S								
-	TLE						DELETE		4. 1 TIJLE	1	<u> </u>			Ė	] Chang	je	Addition
NA.	AME						_		4.2 NAME								_
ST	REET ADDRESS								4.3 STREET	ΑÜ	DDRESS						
Ci	TY-ST-ZIP								4 4 CITY - S	T	ZIP						
Til	ILE						DELETE		5 1 THILE						] Chang	je	Addition
NA.	<b>NME</b>								5 2 NAME								
ST	REET ADORESS								5 3 S16.EE1	ΑĽ	DDRESS						
	TY-ST-ZIP						· ••• · <u>-</u> · · · · · · · · · · · · · · · · · · ·		5 4 CITY - S	1	ZIP		TARE IN ALL				
ļ īlī	TLE						☐ DELETE	•	6 1 TITLE						] Chang	је	Add tion
į.	AME.							,	6.2 NAME								
ST	REFT ADDRESS							Į '	6.3 STPEET	Αľ	DORESS						
	IY-SI-ZIP		6 At 1		A	31.T¥7			6 4 CITY - S			*1		27.04		<del></del> -	<del></del>
. 14	φ, +αo nereb	y ceruty that	i me	illiormation Supplie	e with th	H5 III	itiki is voluntaniv tur	riished a	and ooe	s r	not quality for	II iii	exemption stated in Section 119.	JZCHIR) Flor	ida Sta	muter	s Iturther

or five control that the information supplied with missing its obes not quality for the exemption stated in section 119.07(a)(k), Florida Statutes, Truting coeffity that the information indicated on this armsist 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 arm an officer or director of the corporation or the 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, or on an attachment with an address

SIGNATURE: 4

SIGNATURE AND TYPED OR PANDED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 407-750-1200

;R2E034 (12/95)