FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000061014 (3) DOCUMENT # 1. Corporation Name GAMEL INVESTMENT CO., INC. Principal Place of Business Mailing Address 100 WEST CYPRESS CREEK ROAD 100 WEST CYPRESS CREEK ROAD Suite 700 SUITE 700 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Γ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zφ $Z_{\mathbb{P}}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREENSPOON, GERALD ESQ. **B2** Street Address (P.O. Box Number is Not Acceptable) 100 WEST CYPRESS CREEK ROAD SUITE 700 83 FORT LAUDERDALE FL 33309 84 City Zip Code 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE Signature, by editor protection is of region to realize of an artificial spik label irled when reinstalings JNO E. Redictored Aprel signature rem-12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIT.E DECETE 1.1 HILE ☐ Change ☐ Addition GAMEL, JOEL M N4ME 1.2 NAME STREET ACIDRESS 20355 N.E. 34TH COURT, #2725 13 STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY ST 7:P 1.4 CITY - ST. ZIP TITLE TT DELETE 2 1 THILE Addition Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET AUDRESS CITY-ST-ZIP 2.4 C(TY - ST - Z(P) TITLE DELETE 3 1 TITLE Change Add fign NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C11 Y - \$1 - 2IP 3.4 CITY - ST- ZIP TITLE DELETE 4 1 THILE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TIFLE DELETE 5 THILE Change Addition Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST-ZIP THLE DELFTE 6.1 DD F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY -ST-ZIP 6.4 CiTY - ST-7iP 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 of trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an application of the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation o

SIGNATURE:

SIGNATURE AND PRES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96

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