

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000061789 (0)

1. Corporation Name

GHO VERO BEACH II, INC.



Principal Place of Business

5670 CORPORATE WAY
WEST PALM BEACH FL 33407

Mailing Address

5670 CORPORATE WAY
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
08/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0621174

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FILINGS, INC.~~
~~3732 NW 10 ST~~
~~FT LAUDERDALE FL 33311~~

81 Name
Handler, William N., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
5670 Corporate Way

83

84 City
West Palm Beach

FL

85 Zip Code
33407

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 William N. Handler, Esq.

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

NOTE: Registered Agent signature required when reinstating

4/10/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS HANDLER, DAN
CITY - ST - ZIP 5670 CORPORATE WAY
WEST PALM BEACH FL 33407

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Handler, Dan
1.3 STREET ADDRESS 5670 Corporate Way
1.4 CITY - ST - ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE
NAME D
STREET ADDRESS HANDLER, WILLIAM
CITY - ST - ZIP 5670 CORPORATE WAY
WEST PALM BEACH FL 33407

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Handler, William N.
2.3 STREET ADDRESS 5670 Corporate Way
2.4 CITY - ST - ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME Handler, Brett
3.3 STREET ADDRESS 5670 Corporate Way
3.4 CITY - ST - ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Handler, Susan
4.3 STREET ADDRESS 5670 Corporate Way
4.4 CITY - ST - ZIP West Palm Beach, FL 33407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Handler, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

407-688-2020

Daytime Phone #

CR2E034 (12/95)