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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000064580 (0)**

1. Corporation Name

GOMEZ CORPORATION OF WEST PALM BEACH

Principal Place of Business

**2892 TENNIS CLUB DRIVE APT. 105
WEST PALM BEACH FL 33417**

Mailing Address

**2892 TENNIS CLUB DRIVE APT. 105
WEST PALM BEACH FL 33417**



3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 161 N. MILITARY TRAIL

2a. Mailing Address

26 6382-A SEVEN SPRINGS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WEST PALM BEACH - FL

27 A -

City & State

City & State

23 W. PALM BEACH - FL

28 GREENACRES - FL

Zip

Zip

24 33415

Country

Country

25 PALM BEACH

29 33463

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

**GOMEZ, NESTOR H
2892 TENNIS CLUB DRIVE APT. 105
WEST PALM BEACH FL 33417**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GOMEZ, NESTOR H**
STREET ADDRESS **2892 TENNIS CLUB DR. APT. 105**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☐ DELETE
NAME **GOMEZ, LIDIA C**
STREET ADDRESS **2892 TENNIS CLUB DR. APT. 105**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

NESTOR H. GOMEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

407-689-1963

CR2E034 (12/95)