

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084828 (9)

1. Corporation Name

GOTHIC DEVICES, INCORPORATED



Principal Place of Business

Mailing Address

1571 SUNNYSIDE DRIVE
MAITLAND FL 32751

1571 SUNNYSIDE DRIVE
MAITLAND FL 32751

3. Date Incorporated or Qualified

11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2395 Snow Hill Road

26 2395 Snow Hill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Chuluota FL

28 Chuluota FL

Zip

Country

Zip

Country

24 32766

25 U.S.A.

29 32766

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASTOR, S. NIELS
1571 SUNNYSIDE DRIVE
MAITLAND FL 32751

81 Name

KASTOR, S. NIELS

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

2395 Snow Hill Road

83

84 City Chuluota

FL

85 Zip Code

32766

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

S. NIELS KASTOR

(NOTE: Registered Agent signature required when reinstating)

7/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FRANK, GEORGE L
STREET ADDRESS 1340 BUCKINGHAM ROAD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D
NAME KASTOR, S. NIELS
STREET ADDRESS 1571 SUNNYSIDE DRIVE
CITY-ST-ZIP MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE D
22 NAME KASTOR, S. NIELS
23 STREET ADDRESS 2395 Snow Hill Road
24 CITY-ST-ZIP Chuluota FL 32766

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. NIELS KASTOR

S. NIELS KASTOR

7/1-96

402-977-8345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (3/96)