

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 # P95000087517 (5)

1. Corporation Name

GAUSEMEL, INC.



Principal Place of Business

Mailing Address

1000 SOUTHWEST 1ST STREET
BOCA RATON FL 33486

1000 SOUTHWEST 1ST STREET
BOCA RATON FL 33486

2. Principal Place of Business

2a. Mailing Address

21 151 S.E. 1st AVENUE
Suite, Apt. #, etc.

25 151 S.E. 1st AVENUE
Suite, Apt. #, etc.

22 City & State
23 BOCA RATON, FLORIDA

27 City & State
28 BOCA RATON, FLORIDA

24 Zip Country
33432 USA

29 Zip Country
33432 USA

9. Name and Address of Current Registered Agent

MOPSICK, MICHAEL D
7000 WEST PALMETTO PARK ROAD
SUITE 203
BOCA RATON FL 33433

3. Date Incorporated or Qualified

3a. Date of Last Report

11/14/1995

4. FEE Number

Applied For
Not Applicable

65-0629994

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☒ Change ☐ Addition

TITLE P
NAME GAUSEMEL, MARLENE E
STREET ADDRESS 1000 SOUTHWEST 1ST STREET
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

623 W. CAMINO REAL
BOCA RATON, FL 33486

TITLE VST
NAME GAUSEMEL, KERRY L
STREET ADDRESS 1000 SOUTHWEST 1ST STREET
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

623 W. CAMINO REAL
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLENE E. GAUSEMEL

3/10/96

(407) 392-5300
Daytime Phone

CR2E034 (12/95)