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FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000067296 (9)

1. Corporation Name
GHO VERO BEACH III, INC.

Principal Place of Business
5670 CORPORATE WAY
WEST PALM BEACH FL 33407

Mailing Address
5670 CORPORATE WAY
WEST PALM BEACH FL 33407-2002



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/13/1996

3a. Date of Last Report

4. FEI Number
65-0687533

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

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 NW 18TH ST.
FT. LAUDERDALE FL 33311

81 Name

HANDLER, WILLIAM N. ESO

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 607.1508, 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 date if applicable

(NOTE: Registered Agent Signature Required for Change of Agent)

WILLIAM N. HANDLER

4/1/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANDLER, DAN	
STREET ADDRESS	5670 CORPORATE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANDLER, WILLIAM	
STREET ADDRESS	5670 CORPORATE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HANDLER, BRETT	
3.3 STREET ADDRESS	5670 CORPORATE WAY	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	T/D	
4.2 NAME	HANDLER, SUSAN	
4.3 STREET ADDRESS	5670 CORPORATE WAY	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

DAN HANDLER

4/1/97

561-688-2020

Date

Daytime Phone #

0300171

CR2E034 (9/96)