## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000079449 (0)

| Principal Place of Business | Mailing Address    |
|-----------------------------|--------------------|
| 149 E. HAMPTON WAY          | 149 E. HAMPTON WAY |
| JUPITER FL 33458            | JUPITER FL 33458   |

**FILED** Jan 30 1998 8:00am Secretary of State

| GUGEL   | . ENTERPRISES, INC.                                 | ` '                                 |                                    |  |   |
|---|---|-------------------------------------|------------------------------------|--|---|
|   |   |                                     |                                    | S SECRETARIA DE CENTRA DISTRIBUIR DE CONTRA DE | nili dann 18an kann denn deen den 18an  |
|   |   |                                     |                                    |  |   |
| Principal Place of Business Mailing Address   |   |                                     |                                    | 4 CONTROL TO THE POLICE BUILT WHILL WE SELL WA   | IKU BBITI (BBIB IRIKI BIBIT BIBIT BIBIT |
| 149 E. HAMPTON WAY  JUPITER FL 33458  JUPITER FL 33458  JUPITER FL 33458  |   |                                     | DO NOT WRITE                       | E IN THIS SPACE  |   |
| ļ   |   |                                     |                                    | 3. Date Incorporated or Qualified  | 114 1710 01 7/02                        |
|   |   |                                     |                                    | 09/20/1996   | į                                       |
| L. <u></u>  | lace of Business                                    | 2a. Mailing Address                 |                                    | 4. FEI Number  | Applied For                             |
| 21  |   | 26                                  |                                    | 65-0702498   | Not Applicable                          |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                 |                                    | 5. Certificate of Status Desired   | \$8.75 Additional                       |
| 22 27   |   |                                     | 5. Certificate of Status Desired   | Fee Required   |   |
| City & Stat   | 6   | City & State                        |                                    | 6. Election Campaign Financing   | \$5.00 May Be                           |
| <b>23</b> Zip   | Country   | 28                                  |                                    | Trust Fund Contribution  | Added to Fees                           |
| 24 ZIP  | Country   | Žφ                                  | Country                            | 8. This corporation owes or has pa   |   |
| [24]  | 9. Name and Address of Curren                       |                                     | 30]                                | Personal Property Tax due June  10. Name and Address of New Re   |   |
|   |   | . Hogistorou Agent                  | 81 Name                            | 10. Hame and Address of New Ne   | distaten videur                         |
|   | OBST, DANIEL J                                      |                                     |                                    |  |   |
| 1070 E. INDIANTOWN ROAD<br>SUITE 310  |   |                                     | <b>B2</b> Street Addre             | ess (P.O. Box Number is Not Acceptate  | ole)                                    |
|   | MTER FL 33477                                       |                                     | 83                                 | ****   |   |
| 301   | -11gh FL 334//                                      |                                     |                                    |  |   |
|   |   |                                     | 84 City                            |  | FL 85 Zip Code                          |
| 11. Pursuant  | to the provisions of Sections 607.0502              | 2 and 607.1508, Florida Statutes    | the above-named corpo              | pration submits this statement for the p   | ourpose of changing its registered      |
| 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. |   |                                     |                                    |  | of the appointment as registered        |
|   | and accept the obliga                               | ations of, Section 607.0000, Fibri  | loa statutus.                      |  |   |
| SIGNATURE   | Signature, typed or printed name of registered ager | nt and title if applicable (NOTE:   | Registered Agent signature require | d when re-instating)   | DATE                                    |
| 12.   | OFFICERS AND  | DIRECTORS                           | 13.                                | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIRECTORS IN 12                |
| TITLE   | D   | ☐ DELETE                            | 1.1 TOTLE                          |  | ☐ Change ☐ Addition                     |
| NAME  | <b>G</b> UGEL, LES                                  |                                     | 1.2 NAME                           |  |   |
| STREET ADDRESS  | 149 E. HAMPTON WAY                                  |                                     | 1.3 STREET ADDRESS                 |  | l                                       |
| CITY-ST-ZIP   | JUPITER FL 33458                                    |                                     | 1.4 CITY - ST- ZIP                 |  |   |
| TITLE   | D   | ☐ DELETE                            | 2.1 TITLE                          |  | Change Addition                         |
| NAME  | GUGEL, JOYCE  |                                     | 2.2 NAME                           |  |   |
| STREET ADDRESS  | 149 E. HAMPTON WAY                                  |                                     | 2.3 STREET ADDRESS                 |  |   |
| CITY-ST-ZIP   | JUPITER FL 33458                                    | Driete                              | 2.4 CITY-ST-ZIP                    |  |   |
| TITLE   |   | DELETE                              | 3.5 TITLE                          |  | ☐ Change ☐ Addition                     |
| NAME<br>CYPERY APPROVED   |   |                                     | 3.2 NAME                           |  |   |
| STREET ADDRESS  |   |                                     | 3.3 STREET ADDRESS                 |  | 1                                       |
| CITY-ST-ZIP<br>TITLE  |   | ☐ DELETE                            | 3.4 CITY-ST-ZIP                    |  | Character                               |
| NAME  |   |                                     | 4.1 TITLE                          |  | [] Change    Addition                   |
| STREET ADDRESS  |   |                                     | 4. 2 NAME                          |  |   |
| CITY-ST-ZIP   |   |                                     | 4.3 STREET ADDRESS                 |  |   |
| TITLE   |   | DELETE                              | 4.4 CITY-ST-ZIP<br>5.1 TITLE       | **************************************   | Change Addition                         |
| NAME  |   |                                     | 5.2 NAME                           |  | Change Chyonalou                        |
| STREET ADDRESS  |   |                                     | 5.3 STREET ADDRESS                 |  |   |
| CITY-ST-ZIP   |   |                                     | 5.4 CITY-ST-ZIP                    |  |   |
| TITLE   |   | DELETE                              | 6.1 Title                          |  | Change Addition                         |
| NAME  |   | <del></del>                         | 6.2 NAME                           |  |   |
| STREET ADDRESS  |   |                                     | 6.3 STREET ADDRESS                 |  |   |
| CITY-ST-ZIP   | ^   |                                     | 6.4 CITY-ST-ZIP                    | •  |   |
|   | artifu that the information cumplied wit            | h this films does not suclify for t | E S. Collin Di All                 | notion 440 07/0V/) Florida Ctatuta - 14  |   |

receipt 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 of 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 receipter or fusite employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.