1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095868

1. Corporation Name

GORDONS OF LONDON (DAVIE) INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90030 022 ***150.00



Principal Place	e of Business	Mailing Address						
8966 STATE ROAD 84 DANIA FL 33324 8966 STATE ROAD 84 DANIA FL 33324						DO NOT WRITE IN THIS SP	ACE	
						3. Date Incorporated or Qualifed	ACE	
						11/09/1998		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	olied For
21 89			TAME &	AA'	. & L	65.0878163		Applicable
Suite, Apt.		Suite, Apt. #, etc.	31 K 10 F	VIL	P 0 T		\$8.75 A	
22	27					5. Certificate of Status Desired	Fee Re	quired
	City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	HHA FLORIDA	28 DAVIE	FLO	ZJ D	A	Trust Fund Contribution	Added to	- 1
Zip 24 333 7	Country 25	Zip 29 33324	Country 30			This corporation owes the current year Intang Personal Property Tax.	-	□No
	9. Name and Address of Curre					10. Name and Address of New Registered Ag	ent	
				81 N	ame			
BUDNER, MORDECAL				82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		-
8177 WEST GLADES ROAD								
BOC	CA RATON FL 33434			83				ļ
1			-	84 C	ity		85 Zip C	ode
						FL		-1-4
office or r	registered agent or both in the State	of Florida, Such change wa	s authorized l	bv the	med corpo corporation	ration submits this statement for the purpose of chan's board of directors. I hereby accept the appointm	anging its ient as reg	registered jistered
agent. I a	rn familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statul	les.		, , , , , , , , , , , , , , , , , , , ,	•	
SIGNATURE						2475		
	Signature, typed or printed name of registered age		OTE: Registered A	gent sign	nature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.	DPST OFFICERS AF	ND DIRECTORS	1.1 TITL	F			Change	Addition
NAME	MAYS, CAROL		1.2 NAM			_		_
STREET ADDRESS	TA NI PERDERNAL LIMANA			EET ADD	RESS			
CITY-ST-ZIP	DANIA FL 33004			/- ST- ZIF				
TITLE	DVP	☐ DELETE		2.1 TITLE] Change	Addition
NAME	MAYS, GORDON		2.2 NAM	2.2 NAME				
STREET ADDRESS	TA ME FEDERAL LIMANA			EET ADD	RESS	•	•	
CITY-ST-ZIP	DANIA FL 33004		2. 4 CIT	Y-ST-ZII	,	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE					Change	Addition
NAME			3.2 NAN	Æ				
STREET ADDRESS			3.3 STR	EET ADD	RESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZII	,			
TITLE		☐ DELETE	4.1 TITL	E] Change	☐ Addition
NAME			4. 2 NAI	ME		-		
STREET ADDRESS			4.3 STR	EET ADO	PRESS	,		
CITY-ST-ZIP				Y-ST-ZIF	·	·		
TITLE		☐ DELETE] Change	☐ Addition
NAME			5.2 NAA	Æ	1			
STREET ADDRESS	t .					• • •		}
AUT. AT 710	1			EET ADE	- 1	• • .		
CITY-ST-ZIP			5.4 CIT	EET ADE	- 1	· · .	T.Oh	T Addition
TITLE		☐ DELETE	5.4 CITY 6.1 TITL	KEET ADI Y-ST-ZIF .E	- 1			Addition
		☐ DELETE	5.4 CITY 6.1 TITL 6.2 NAM	KEET ADI Y-ST-ZIF .E	,	. · .	Change	☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP