

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

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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S30526** (5)
1. Corporation Name
CYNTHIA GAYLE'S, INC.

Principal Place of Business
**716 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071
US**

Mailing Address
**P.O. BOX 770145
CORAL SPRINGS FL 33077-0145
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1991	3a. Date of Last Report 02/27/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0246067	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NINKO, CYNTHIA GAYLE, CYNTHIA 9837 NW 28 PLACE SUNRISE FL 33322		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 607.0505, Florida Statutes.

SIGNATURE Cynthia Gayle 3-4-97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NINKO, CYNTHIA GAYLE	1.2 NAME	GAYLE, CYNTHIA
STREET ADDRESS	9837 NW 28 PLACE	1.3 STREET ADDRESS	9837 N.W. 26 PLACE
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	HLAK, SHERRY	2.2 NAME	HSEKVIK, SHERRY
STREET ADDRESS	2551 ROCK ISLAND ROAD #211	2.3 STREET ADDRESS	2551 ROCK ISLAND RD. #211
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Cynthia Gayle GAYLE 3/4/97 (954) 741-0672

CR2E034 (9/96)