

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78113 (5)

1. Corporation Name

GHO PARKLAND, INC.

Principal Place of Business

1287 E NEWPORT CNTR DR
209
DEERFIELD BCH FL 33442
US

Mailing Address

1287 W NEWPORT CNTR DR
209
DEERFIELD BCH FL 33442
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/03/1991	05/01/1994
4. FEI Number	Applied For
65-0286678	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
☐	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5670 Corporate Way	26 5670 Corporate Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 West Palm Beach, FL	28 West Palm Beach, FL
Zip	Zip
24 33407	29 33407
Country	Country
25 PB	30 PB

9. Name and Address of Current Registered Agent

HANDLER, WILLIAM
1287 E. NEWPORT CENTER DRIVE
SUITE 209
DEERFIELD FL 33442

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Handler, William Esq.	33407
82 Street Address (P.O. Box Number is Not Acceptable)	
5670 Corporate Way	
83	
84 City	
West Palm Beach, FL	

I, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable

William Handler Esq

4/10/95

(NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD ☒ Change ☐ Addition
NAME	HANDLER, DAN	1.2 NAME	Handler, Dan
STREET ADDRESS	1287 E NEWPORT CENTR DR #209	1.3 STREET ADDRESS	5670 Corporate Way
CITY - ST - ZIP	DEERFIELD BCH FL	1.4 CITY - ST - ZIP	West Palm Beach, FL 33407
TITLE	VPT	2.1 TITLE	VPT ☒ Change ☐ Addition
NAME	HANDLER, BRETT	2.2 NAME	Handler, Brett
STREET ADDRESS	1287 E NEWPORT CENTER DR #209	2.3 STREET ADDRESS	5670 Corporate Way
CITY - ST - ZIP	DEERFIELD BCH FL	2.4 CITY - ST - ZIP	West Palm Beach, FL 33407
TITLE	VPS	3.1 TITLE	VPS ☒ Change ☐ Addition
NAME	HANDLER, WILLIAM	3.2 NAME	Handler, William
STREET ADDRESS	1287 E NEWPORT CNTR DR #209	3.3 STREET ADDRESS	5670 Corporate Way
CITY - ST - ZIP	DEERFIELD BCH FL	3.4 CITY - ST - ZIP	West Palm Beach, FL 33407
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

688-2020