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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S79294** **(2)**

1. Corporation Name
**GHO DELRAY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1287 E NEWPORT CNTR DR<br>209<br>DEERFIELD BCH FL 33442<br>US | 1287 E NEWPORT CNTR DR<br>209<br>DEERFIELD BCH FL 33442<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5670 Corporate Way
Suite, Apt. #, etc. 22
City & State 23 West Palm Beach,FL
Zip 24 33407 Country 25 PB

2a. Mailing Address
26 5670 Corporate Way
Suite, Apt. #, etc. 27
City & State 28 West Palm Beach, FL
Zip 29 33407 Country 30 PB

4. FEI Number: 65-0286677 ☐ 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

9. Name and Address of Current Registered Agent

HANDLER, WILLIAM
1287 E NEWPORT CTR DR
DEERFIELD FL 33442

10. Name and Address of New Registered Agent

81 Name: Handler, William Esq.
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] William Handler, Esq. 2/22/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PSD | 11 TITLE | PSD | ☒ Change ☐ Addition |
| NAME | HANDLER, DAN | 12 NAME | Handler, Dan | |
| STREET ADDRESS | 1287 E NEWPORT DRICE #209 | 13 STREET ADDRESS | 5670 Corporate Way | |
| CITY-ST-ZIP | DEERFIELD BCH FL | 14 CITY-ST-ZIP | West Palm Beach, FL 33407 | |
| TITLE | VP | 21 TITLE | VP | X Change ☐ Addition |
| NAME | HANDLER, WILLIAM | 22 NAME | Handler, William | |
| STREET ADDRESS | 1287 E NEWPORT CNTR DR #209 | 23 STREET ADDRESS | 5670 Corporate Way | |
| CITY-ST-ZIP | DEERFIELD BCH FL | 24 CITY-ST-ZIP | WestPalm Beach,FL 33407 | |
| TITLE | | 31 TITLE | VP | ☐ Change X Addition |
| NAME | | 32 NAME | Handler, Brett | |
| STREET ADDRESS | | 33 STREET ADDRESS | 5670 Corporate Way | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | West Palm Beach,FL 33407 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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 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] 4/10/95 686-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP