

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V00721** (3)

1. Corporation Name
GATOR DIXIE, INC.



Principal Place of Business: **2250 NE 163RD STREET SUITE 6 N MIAMI BEACH FL 33160**
Mailing Address: **2250 NE 163RD STREET SUITE 6 N MIAMI BEACH FL 33160**

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/16/1991 | 3a. Date of Last Report 04/19/1995 |
| 4. FEI Number 65-0318761 | 65-0318763 |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

**GOLDSMITH, JAMES A
2250 NE 163 ST SUITE 6
SUITE 302
N. MIAMI BCH FL 33160**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 607.0102 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, typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when amending)

(DATE)

3/19/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|------------------------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDSMITH, JAMES A. | 1.2 NAME Miska, Douglas S. |
| STREET ADDRESS | 2250 NE 163RD STREET | 1.3 STREET ADDRESS 2250 NE 163 St., Ste 6 |
| CITY-ST-ZIP | N MIAMI BEACH FL | 1.4 CITY-ST-ZIP N. Miami Beach, FL 33160 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME |
| STREET ADDRESS | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME |
| STREET ADDRESS | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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:

James A. Goldsmith

1-18-96

305-949-9049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Outside Phone #

CP2E034 (12/95)