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PROFIT **CORPORATION ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13925

(5)

GORMAR INVESTMENTS, INC.

FILED Apr 29 1997 8:00am Secretary of State

								BALBIRIY EYEN BIGALA	 	
Principal Plac	e of Business	Mailing Addres	ss			1 18811 81(89) (1089 11118	LOTTO ATÓDA OSTA SA		1911 91911 1881	
5750 MIDNIGHT	T PASS ROAD	5750 MIDNIGHT	PASS ROAD							
UNIT 402E	4.4.4	UNIT 402E	34040 0040							
SARASOTA FL US	34242	SARASOTA FL S	34242-3010			9 Date Incorporated o	Ouglified	3a. Date of Las	t Florari	
•					i				05/01/1996	
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		30,70,7,000	Applied For	
21		26				65-0314131			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status	Dealrad	□ \$8.7	5 Additional	
22		27				5. Certificate of Status	Desired	Fee	Required	
City & Stat	е	City & State)			6. Election Campaign F	Inancing	\$5.0	00 May Be	
23		28		·		Trust Fund Contribut			ed to Fees	
Zip	Country	Zip	├ ¬	ountry		8. This corporation has			er s. 199.032,	
24	25 9. Name and Address of Current	Pagistered Agent	30			Florida Statutes 10. Name and Address		Yes No		
IAC		uefisiaian waaii		81 Nan	ne	IV. Ivaine allu Audress	OI NEW NEGI	ISTOTOG AGOIT		
	OBSON, GORDON O.					jorie Jacob ss (P.O. Box Number is N	son			
	MIDNIGHT PASS ROAD #402E			82 Stre	et Addre	ss (P.O. Box Number is N	ol Acceptable)))	4025	
OAN	ASOTA FL 34242			83	2/5	60 Midnight	Pass N	d., Apt	. 40ZE	
l				00						
				84 City				85 Z	ip Code	
44 Durauant	to the provisions of Sections CO7 RECO	and 607 1609 Flor	rido Ctatutos, the		Sar	asota	ant for the nu	FL 3	4242	
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of am familiar with, and accept the obliga	of Florida. Such cha	inge was authoriz	zed by the c	corporatio	n's board of directors. The	ereby accept	the appointment	as registered	
agent. La	im familiar with, and accept the obliga	tions of, Section 60	7.0505, Florida S	lalulos.)	1,	,	I as an	,	
SIGNATURE	Marjorie Jacobs	on RA				Www.d-/_ I when reinstating)		1-22.97		
12.	OFFICERS AND		/ 18	3.		ADDITIONS/CHANGE	S TO OFFICE			
TITLE	DPST		DELETE 1.	1 TITLE	D,	Administra	tor	☐ Chan	ge 🔏 Addition	
NAME	JACOBSON, GORDON O		1.2	2 NAME		rjorie Jaco				
STREET ADDRESS	5750 MIDNIGHT PASS ROAD #	402E	1.3	3 STREET ADDRES		50 Midnight		Rd. Apt	. 402E	
CITY-ST-ZIP	SARASOTA FL 34242			CITY - ST- ZIP		rasota, FL				
TITLE			DELETE 2.1	TITLE	-			∟ Chang	ge L. Addition	
NAME			2.2	2 NAME						
STREET ADDRESS			2.3	STREET ADDRES	ss					
CITY-ST-ZIP				4 CHY-ST-ZIP						
TITLE		L		TITLE				L Chang	ge L Addition	
NAME				2 NAME						
STREET ADDRESS				STREET ADDRES	ss					
CITY-ST-ZIP				1. C(1Y-S1-ZIP				TT AL	an	
TITLE		LJ		I TITLE	- [☐ Chang	ge 🔲 Addition	
NAME				2 NAME						
STREET ADDRESS				STREET ADDRES	SS					
CITY-ST-ZIP				CITY-ST-7IP				Chang	ge 🔲 Addition	
TITLE		ים		I TITLE	- [L.J Glan	ac 🗀 vaoidon	
NAME				2 NAME			-			
STREET ADDRESS				3 STREET ADDRES	22					
CITY-ST-ZIP				COTY-ST-ZIP				Chang	ge Addition	
TITLE	1	البا	1	I TITLE	- {				ac T woning	
NAME				2 NAME						
STREET ADDRESS	i			3 STREET ADDRES	ss					
CITY-ST-ZIP		- 10 N T 60 - 3	6.4	4 CITY - ST - ZIP		0 - 1 - 110 07(0)(1) F((1) 05-4 4	17 10 11 11		

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.