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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16416

(2)

GEBHARDT & GEBHARDT, INC.

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**FILED** 

Jan 24 1997 8:00am

Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address		a south dispas vidne birns diden einen annt andir dwar bindt debtt aldet andit			
3112 PINTO DRIVE KISSIMMEE FL 34746		3112 PINTO DRIVE KISSIMMEE FL 34748-4610				· · · · · · · · · · · · · · · · · · ·		
NOOMMEE TE	. 54170	MOOMMEE IS STITUTE			3. Date Incorporated or Qualified 02/24/1992	34. Date of Last 02/15/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-3110275		Applied For	
21 Suite April # ote			26 Suite, Apt. #, etc.		08-3110273		Not Applicable \$8.75 Additional	
Suite, Apt # etc		<b> </b>			5. Certificate of Status Desired	Fee Required		
City & Stal	te	City & State			6. Election Campaign Financing		O May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Ζφ	Cour	itry	8. This corporation has liability for i		в. 199.032,	
4	25	29	30			Yes No		
	9. Name and Address of Curre			-21 T	10. Name and Address of New Re	glatered Agent	<del></del>	
	BHARDT, ELEANOR OR HOWAF	<b>3</b> 0	ľ	81 Name				
	2 PINTO DRIVE		82 Street A		ddress (P.O. Box Number is Not Acceptable)			
KIS	SIMMEE FL 34748							
			[	9.9				
			[	B4 City		FL 85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statuti	es, the ab	ove-named cor	poration submits this statement for the p		its registered	
	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida, Such change was a igations of, Section 607.0505, Fk	orida Statu	ites.	poration submits this statement for the pation's board of directors. I hereby accept	n the appointment i	te teffiereren	
SIGNATURE	Signature, typicd or printed name of registered a	agent and the if applicable (NOT	E. Rogistered	Agent signature requ	ured when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	OFFILMENT HOWARD	☐ DELETE	1.1 Titt			Change	e 🔲 Additio	
NAME	GEBHARDT, HOWARD 3112 PINTO DRIVE		1.2 NAI			•		
STAFET ADDRESS	KISSIMMEE FL			REET ADDRESS	•	•		
CITY-ST-ZIP	S	DELETE	1.4 CIT	Y-ST-ZIP		Chang	e Additio	
TITLE	GEBHARDT, HOWARD	LJ OLLEY					, 1,00,000	
NAME	3112 PINTO DRIVE		22 NA			•		
STREET ADDRESS	KISSIMMEE FL		1	REET ADORESS Ty - St - Zip		•		
CITY - ST - ZIP TITLE	DVT	DELETE	31717	····		Chang	e Additio	
NAME	GEBHARDT, ELEANOR		3 2 NA			****		
STREET ADDRESS	3112 PINTO DRIVE			HEET ADDRESS				
CITY - S1 - ZIP	KISSIMMEE FL			TY-ST-ZIP				
TITLE	8	☐ DELETE	41717			☐ Chang	e Additio	
NAME	GEBHARDT, ELEANOR		4. 2 NA	IME .				
STREET ADDRESS			4.3 \$11	REET ADDRESS				
C/TY-ST-ZIP	KISSIMMEE FL		4.4 CII	Y-ST-ZIP				
THTLE		☐ DELETE	5.1 TIT	LE		Chang	e 🔲 Additio	
NAME			5.2 NA	ME		*		
STREET ADDRESS			5.3 STI	REET ADORESS				
City-St-7IP			5.4 CH	Y-ST-ZIP		······	<u></u>	
TIFLE		☐ DELETE	6.1 111	LE		Chang	e 🗌 Additio	
NAME			6 2 NA	ME				
STREET ALLORESS			6351	HEET ADDRESS				
COV. ST. AR	į.		64.00	v.st.762		*		

14. If 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 address.

SIGNATURE

oward Lebant Hours & BHARDT 1/16/9

16/97 (401)396 1788

;R2E034 (9/96)