

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V53245** (9)

1. Corporation Name
G L E RENOVATIONS, INC.



Principal Place of Business
**3017 BAYSHORE DRIVE
FT. LAUDERDALE FL 33304
US**

Mailing Address
**P.O. BOX 4529
FT. LAUDERDALE FL 33338-4529
US**

3. Date Incorporated or Qualified **07/27/1992** 3a. Date of Last Report **08/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 **3006 Bayshore Dr.**

26 Suite, Apt. #, etc.

22 **# 106**

27 City & State

23 **Ft. Lauderdale, Fl.**

28 Zip

24 **33304**

25 Country

29 Zip

30 Country

4. FEI Number **65-0356976** 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

10. Name and Address of New Registered Agent

**GILL, CLAUDE
3006 BAYSHORE DR #106
FT LAUDERDALE FL 33304**

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

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

Gisele Gill

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when re-instating)

DATE **04/22/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **GILL, CLAUDE**
STREET ADDRESS **3006 BAYSHORE DR #106**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE **ST** ☒ Change ☐ Addition
1.2 NAME **GILL, CLAUDE**
1.3 STREET ADDRESS **3006 Bayshore Dr #106**
1.4 CITY-ST-ZIP **Ft Lauderdale FL 33304**

TITLE **DST** ☐ DELETE
NAME **GILL, GISELE**
STREET ADDRESS **3006 BAYSHORE DR #106**
CITY-ST-ZIP **FT LAUDERDALE FL**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **GILL, GISELE**
2.3 STREET ADDRESS **3006 Bayshore Dr #106**
2.4 CITY-ST-ZIP **Ft Lauderdale, FL 33304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, unchanged, or on an attachment with an address.

SIGNATURE:

Gisele Gill DP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/96 (954) 467.3778
Date Daytime Phone

CR2E034 (12/95)