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 # **V72322** **(3)**

1. Corporation Name

GELB ENTERPRISES, INC.

Principal Place of Business

512 NO FEDERAL HWY
STUART FL 34995
US

Mailing Address

610 WILDER BLDG
ROCHESTER NY 14614
US

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **10/20/1992**

3a. Date of Last Report: **05/19/1995**

4. FEI Number: **65-0369802**
☐ 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

GELB, MYRL S.
1924 OCEAN RIDGE CIR.
VERO BCH. FL 32963

10. Name and Address of New Registered Agent

81 Name: MYRL S. GELB
82 Street Address (P.O. Box Number is Not Acceptable): 500 BAYVIEW DRIVE apt 1928
83
84 City: North Miami Beach FL 85 Zip Code: 33160

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] DATE: 1/22/96

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: GELB, MYRL S.
STREET ADDRESS: 1924 OCEAN RIDE CIR
CITY-ST-ZIP: VERO BCH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: President
1 NAME: Myrl S. Gelb
1 STREET ADDRESS: 500 Bayview Drive apt 1928
1 CITY-ST-ZIP: North Miami Beach Florida 33160
☒ Change ☐ Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, 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] President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MYRL S. GELB PRESIDENT

DATE: 1/22/96 DAYTIME TELEPHONE NUMBER: 716 232 7046

CR2E034 (12/95)