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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V73100**

1. Corporation Name

GABRIEL CORP. OF BOCA

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Principal Place of Business			Mailing Address				1811 Alcan Janan Juar I		) (	1 B1811 B1811 1881	
8903 W. GLADES RD.			8903 W. GLADES RD.								
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BOCA RATON FL 33433			BOCA RATON FL 33433			- D-1-1	DO NOT WRITE IN THIS SPACE  3. Date it corporated or Qualifed				
							I -	corporated or Qua /1992	illied		
O Deineino Di	lass of Business		2a. Mailing Address				4. FEI Nu			Δ	Applied For
2. Principa Place of Business			— <u> </u>				¥	70611			Vot Applicable
21] Suite, Apt. #, etc.			Suite, Apt. #, etc.								Additional
Suite, Apr. #, etc.			27			5. Certifc:	ite of Status Desir	ed 🗌	Fee F	Recuired	
City & S ate			City & State			6. Electio	Campaign Finan	cing 🗀	\$5.00	0 May Be	
23			28				Trust F	und Contribution		Added	to Fees
Zip	Cor	untry	Zip	Co	ountry		g. This co	rporation owes the	e current year	Intangible	
24	25		29	30			<del></del>	al Property Tax.		Yes	[]No
	9. Name and Ad	d ess of Current	t Registered Agent		_ ,		10. Name	and Address of N	lew Register	ed Agent	
601					81	Name					ł
	DSTEIN, CATHER	NE			82	Street	Address (P.O. Box	Number is Not Ac	ceptable)		
•	W. GLADES RD.						<u>`</u>				
	TE L10	20			83						
ROC	CA RATON FL 334	33			84	City				. 85 Zip	Code
									F		
office or d	registered agent, or b	oth, in the State o	2 and 607.1508, Florida S o Florida. Such change w	as authorize	ed by	the corp	oration's board of d	irectors. I hereby	accept the ap	pointment as r	registered
agent. I a	m familiar with, and	accept the obligat	tions of, Section 607.0505	, Florida Sta	atutes.						
agent. I a SIGNATURE	m familiar with, and	nai le of registered agent	t and title if applicable. (	NOTI : Register	red Agen		required when reinstating)		DATE		TOF C IN 12
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14. 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 a landress, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR