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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S23428** (3)  
1. Corporation Name  
**GOURMET GAS PLUS, INC.**

Principal Place of Business      Mailing Address  
**1499 W PALMETTO PK RD  
STE 111  
BOCA RATON FL 33406  
US**      ~~1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/01/1991**      **02/01/1994**

4. FEI Number      Applied For  
**65-0232867**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
 **Yes**       No

6. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution     

7. This corporation has liability for intangible tax under § 199.033, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21.      26. **% HUGHES SILVERS + GLASSMAN**  
Suite, Apt #, etc.      Suite, Apt #, etc.  
22.      27. **1140 KANE CONCOURSE - 5<sup>TH</sup> FLR**  
City & State      City & State  
23.      28. **BAY HARBOR ISLANDS, FL**  
City      City  
24.      25.      29. **33154**      30.      Country

9. Name and Address of Current Registered Agent  
**SILVERS, ROBERT HENRY  
% HUGHES & SILVERS  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (if P.O. Box Number is Not Applicable)  
**% HUGHES SILVERS + GLASSMAN**  
83. **1140 KANE CONCOURSE 5<sup>TH</sup> FLOOR**  
84. City      85. Zip Code  
**BAY HARBOR ISLANDS      FL      33154**

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 of Registered Agent or Representative)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SULTAN, MATT</b>
STREET ADDRESS	<del>1141 KANE CONCOURSE</del>
CITY, ST, ZIP	<del>BAY HARBOR ISLANDS FL</del>
TITLE	<b>D</b>
NAME	<b>SHOHAT, ALFRED</b>
STREET ADDRESS	<del>1141 KANE CONCOURSE</del>
CITY, ST, ZIP	<del>BAY HARBOR ISLANDS FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>% HUGHES SILVERS + GLASSMAN</b>
4. CITY, ST, ZIP	<b>1140 KANE CONCOURSE 5<sup>TH</sup> FLR BAY HARBOR ISLANDS, FL 33154</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	<b>% HUGHES SILVERS + GLASSMAN</b>
8. CITY, ST, ZIP	<b>1140 KANE CONCOURSE 5<sup>TH</sup> FLR BAY HARBOR ISLANDS, FL 33154</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information submitted with this report is voluntarily furnished and that I am not entitled to the exemption provided in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 recipient of funds requested to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with this report.

SIGNATURE:  **MATT SULTAN**      3-31-95      305 864-7531  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR