

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **1499 W PALMETTO PK RD STE 111 BOCA RATON FL 33486 US**
Mailing Address: **C/O HUGHES SILVERS & GLASSMAN 1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOUR FL 33154 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: **01/01/1991**
3a. Date of Last Report: **04/17/1995**
4. FET Number: **65-0232867**
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
**SILVERS, ROBERT HENRY
% HUGHES & SILVERS
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
NAME: **SULTAN, MATT**
STREET ADDRESS: **1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLAND FL**
CITY, ST, ZIP: **BAY HARBOR ISLANDS FL**
2. TITLE: **D** DELETE
NAME: **SHOHAT, ALFRED**
STREET ADDRESS: **1140 KANE CONCOURSE, 5TH FLOOR BAY HARBOR ISLANDS FL**
CITY, ST, ZIP: **BAY HARBOR ISLANDS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE: Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE: Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE: Change Addition
14. NAME
15. STREET ADDRESS
16. 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 secretary 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)