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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F96156 (7) 1. Corporation Name							
	CE J. GLADSTONE, C.P.A.,	P.A.			1 18 21/20 11/2 15/15 21/15 11/21		AM BIAN BIBH ASSI
Principal Place	of Business	Mailing Address			I IUUIHUU FHID IURIN UHAN HINDE NE		Alia Bibli Ofbil 1641
15327 N.W. 60 AVE. SUITE 250 15327 N.W. 60 AVE. SU							
	ES FL 33014	MIAMI LAKES FL 33	014				
					3. Date Incorporated or Qualified	3a. Date of Last F	
. 5: : 16	10 diam	2a. Mailing Address			08/19/1982 4. FEI Number	02/01/1	Applied For
2. Principal Pa !1	ace of Business	26	Maining Address		59-2211846	1 —1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional
2		27			3. Germanic of Girls Doubles		Required
City & State	•	- ·	City & State		6. Election Campaign Financing		IO May Be ed to Fees
Zip	Country	28	Zip Country		Trust Fund Contribution 8. This corporation has liability for i	Aude	
2.167	25 29		30			□No	100.002
	g. Name and Address of Currer				10. Name and Address of New R	egistered Agent	
,			8	1 Name			
GLADS	STONE, BRUCE J SHARPECROFT DR.		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptab	ie)	
	LAKES FL 33014		8:	3		. , •,	
istit. Aist	CANCO I C 00014		8-	4 City		85 Z	ıp Code
				1 1	ration submits this statement for the pur	FL	
SIGNATURE .	ith, and accept the obligations of, Soc Signature typed or printed name of registered agen	Land title if applicable (NC		∞nt signature require.		DATE	
12.		OFFICERS AND DIRECTORS DELETE			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTI	
TITLE			1. 1 TITLE 1.2 NAME	1		charge	L] Markini
NAME STREET ADDRESS	GLADSTONE, BRUCE J 15532 SHARPECROFT DR.			ET ADDRESS			
CHY-ST-ZIP	MIAMI LAKES FL		1.4 CiTY				
TITLE	THE WIN D WILL !	☐ DELETE	2 1 I/IL		Change Addition		Addition
NAME			2 2 NAM	E			
STREET ADDRESS	RESS		2.3 STREET ADDRESS				
CITY - ST - ZIP			2 4 CITY - ST - ZIP 3 1 TITLE			☐ Change	Addition
TITLE			3 1 IIIL 3 2 NAM			change	LJ Addition
NAME STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP			3.4 CITY				
TITLE	DELETE		4. 1 TUL			☐ Change	Addition
NAME			4.2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
City-St-Zip		#1 Drifts	4.4 CITY - ST - Z			☐ Change	Addition
TITLE		☐ DELETE	5 1 TITU 5 2 NAM			[_] Gridinge	L. Montion
NAME CINCEL ADDRESS				ET ADDRESS			
STREET ADDRESS				ST-ZIP			
CITY-ST-ZIP	DELETE		6 1 THL		·	☐ Change	☐ Addit₊on
NAME			6.2 NAM				
STREET ADDRESS			6 3 STHE	F1 ADDRESS			
CFTY - ST - ZIP			6.4 CITY	- ST - Z IP			
14. I do here	by certify that the information supplied	with this filing is voluntarily fun	nished and do	pes not qualify	for the exemption stated in Section 119 ate and that my signature shall have the	:07(3)(k), Florida Stat	utes. I further if made under

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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-557-706 2 Daytine Phone #