

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077708 (3)

1. Corporation Name
MICHAEL DAVID GORDON, P.A.

Principal Place of Business Mailing Address
1601 BELVEDERE ROAD 1601 BELVEDERE ROAD
SUITE 402 S SUITE 402 S
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/20/1994 3a. Date of Last Report
4. FBI Number 65-0530036 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

2. Principal Place of Business 2a. Mailing Address
21 8259 N. Military Trail 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 2 27
City & State City & State
23 Palm Beach Gardens, FL 28
Zip Country Zip Country
24 33410 25 USA 29 30

9. Name and Address of Current Registered Agent
GORDON, MICHAEL D ESO
1601 BELVEDERE RD.
SUITE 402S
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name Michael D. Gordon, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 8259 North Military Trail
83 Suite 2
84 City Palm Beach Gardens FL 85 Zip Code 33410

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE D	GORDON, MICHAEL D 1601 BELVEDERE ROAD, SUITE 402S WEST PALM BEACH FL 33406
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Michael D. Gordon 8259 No. Military Trail, Suite 2 Palm Beach Gardens, FL . 33410 <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(4), 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 in an attachment with an address.

SIGNATURE: Michael D. Gordon, Esq. 4-20-95 707-622-2024
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Typed Name #)