

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000001118 (5)

1. Corporation Name
GAETAN ROY, P.A.

Principal Place of Business

4909 NW 44 TERRACE
TAMARAC FL 33319
US

Mailing Address

4909 NW 44 TERRACE
TAMARAC FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1995

4. FEI Number

65-0544981

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4500 NW 47TH ST

Suite, Apt. #, etc.

22 City & State

23 TAMARAC, FL

24 Zip

33319

Country

25 BLOND

2a. Mailing Address

26 4500 NW 47TH ST

Suite, Apt. #, etc.

27 City & State

28 TAMARAC, FL

29 Zip

33319

Country

30 BLOND

9. Name and Address of Current Registered Agent

ROY, GAETAN L - ROY, GAETAN
4909 NW 44 TERRACE
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

ROY, GAETAN L.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/1998

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME ROY, GAETAN L
STREET ADDRESS 4909 NW 44 TERRACE
CITY-ST-ZIP TAMARAC FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4500, NW 47TH ST

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 an address.

SIGNATURE:

NOT REQUIRED

GAETAN ROY (954) 35-4967

CR2E034 (10/97)