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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000090497 (5) **DOCUMENT #** 

GELCH & TAYLOR, P.A. Principal Place of Business Mailing Address 4801 S UNIVERSITY DR SUITE 303E 4801 S UNIVERSITY OR SUITE 303E DAVIE FL 33328 DAVIE FL 33329 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address X Applied For 21 26 Not Applicable Saite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zη Country Country 8. This corporation has liability for intangible tax under s. 199.032, 29 24 25 Florida Statutes Yes 🗶 No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GELCH. AL 82 Street Address (P.O. Box Number is Not Acceptable) 7702 NW 86TH WAY TAMARAC FL 33321 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signations, typical or princed name of registered agent and title if admiresble OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1:115 1.11016 Change Addition GELCH, GARY D MAM 1.2 NAME 4801 S UNIVERSITY DR SUITE 303E STREET ADDRESS 13 STREET ADDRESS **DAVIE FL 33328** Oly St Zin 14 CiTY - ST - ZIP DELETE THE 2 1 TITLE Change Addition TAYLOR, GREGORY B NOM 2.2 NAME 4801 S UNIVERSITY DR SUITE 303E STREET ADDRESS 2.3 STREET ADDRESS **DAVIE FL 33328** CIDY - \$1 - 7(6) 24 CITY - ST - ZIP Hist DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C 1y S1 2P 3 4 CITY - ST - ZIP DELETE Wite 4 1 THE ☐ Change Addition NAME S. RELL ADDRESS 4.3 STREET ADDRESS CITY: \$1,700 4.4 CITY - ST - ZIP DELETE TELL 5 1 DILE Change Addition A NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-SE ZIP 5 4 CITY - ST-ZIP 101.F DELETE 6 1 TITLE Change Addition

SIGNATURE:

NAME

STEEL LADORESS

CITY ST. ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address

(selch

6 2 NAME

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP 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 eath, 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

(954) 434-9409

CR2E034 (12/95)