

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

FILED
Jan 20 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 # P95000090497 (5)
 1. Corporation Name
GELCH & TAYLOR, P.A.



Principal Place of Business 4801 S UNIVERSITY DR SUITE 303E DAVIE FL 33328	Mailing Address 4801 S UNIVERSITY DR SUITE 303E DAVIE FL 33328
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DO NOT WRITE IN THIS SPACE

EFFECTIVE 2/1/98

2. Principal Place of Business 21 8751 West Broward Blvd	2a. Mailing Address 26 8751 West Broward Blvd.
Suite, Apt. #, etc. 22 Suite 408	Suite, Apt. #, etc. 27 Suite 408
City & State 23 Plantation FL	City & State 28 Plantation, FL
Zip 24 33324	Country 25 U.S.
Country 25 U.S.	Zip 29 33324
Country 30 U.S.	

3. Date incorporated or Qualified 11/27/1995	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0637822	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GELCH, AL	81 Name
7702 NW 86TH WAY	82 Street Address (P.O. Box Number is Not Acceptable)
TAMARAC FL 33321	83
	84 City
	FL 85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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. 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GELCH, GARY D	
STREET ADDRESS	4801 S UNIVERSITY DR SUITE 303E	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, GREGORY B	
STREET ADDRESS	4801 S UNIVERSITY DR SUITE 303E	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gary D. Gelch* **Gary D. Gelch** 1/12/98 954-434-9409

CR2E034 (10/97)