

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000090497 (5)**

1. Corporation Name

GELCH & TAYLOR, P.A.



Principal Place of Business

Mailing Address

**4801 S UNIVERSITY DR SUITE 303E
DAVIE FL 33328**

**4801 S UNIVERSITY DR SUITE 303E
DAVIE FL 33328**

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELCH, AL
7702 NW 86TH WAY
TAMARAC FL 33321**

81 Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
GELCH, GARY D
STREET ADDRESS
4801 S UNIVERSITY DR SUITE 303E
CITY - ST - ZIP
DAVIE FL 33328

1.2 TITLE ☐ DELETE

NAME
TAYLOR, GREGORY B
STREET ADDRESS
4801 S UNIVERSITY DR SUITE 303E
CITY - ST - ZIP
DAVIE FL 33328

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

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1.18 TITLE ☐ DELETE

1.19 TITLE ☐ DELETE

1.20 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

1.5 CITY - ST - ZIP ☐ Change ☐ Addition

1.6 CITY - ST - ZIP ☐ Change ☐ Addition

1.7 CITY - ST - ZIP ☐ Change ☐ Addition

1.8 CITY - ST - ZIP ☐ Change ☐ Addition

1.9 CITY - ST - ZIP ☐ Change ☐ Addition

1.10 CITY - ST - ZIP ☐ Change ☐ Addition

1.11 CITY - ST - ZIP ☐ Change ☐ Addition

1.12 CITY - ST - ZIP ☐ Change ☐ Addition

1.13 CITY - ST - ZIP ☐ Change ☐ Addition

1.14 CITY - ST - ZIP ☐ Change ☐ Addition

1.15 CITY - ST - ZIP ☐ Change ☐ Addition

1.16 CITY - ST - ZIP ☐ Change ☐ Addition

1.17 CITY - ST - ZIP ☐ Change ☐ Addition

1.18 CITY - ST - ZIP ☐ Change ☐ Addition

1.19 CITY - ST - ZIP ☐ Change ☐ Addition

1.20 CITY - ST - ZIP ☐ Change ☐ Addition

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 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 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 Gelch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/96
DATE

(954) 434-9409
Daytime Phone

CR2E034 (12/95)