

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 477912 (0)**  
1. Corporation Name

**EDWARD M. GHEZZI, P. A.**



Principal Place of Business Mailing Address  
**9595 N KENDALL DR STE 101 MIAMI FL 33176** **9595 N KENDALL DR STE 101 MIAMI FL 33176**

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

3. Date Incorporated or Qualified

**06/16/1975**

3a. Date of Last Report

**08/08/1995**

4. FEI Number

**59-1603209**

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

**GHEZZI, EDWARD M.  
9595 N KENDALL DR STE 101  
MIAMI FL 33176**

10. Name and Address of New Registered Agent

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 the person, firm, or corporation authorized to file this report

(Print) Registered Agent

Signature of the Registered Agent

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

11 TITLE

Change  Addition

NAME

**GHEZZI, EDWARD M.**

12 NAME

STREET ADDRESS

**7915 S.W. 128TH STREET**

13 STREET ADDRESS

CITY - ST - ZIP

**MIAMI, FL.**

14 CITY - ST - ZIP

Change  Addition

TITLE

DELETE

21 TITLE

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

Change  Addition

TITLE

DELETE

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

Change  Addition

TITLE

DELETE

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

Change  Addition

TITLE

DELETE

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

Change  Addition

TITLE

DELETE

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

Change  Addition

TITLE

DELETE

71 TITLE

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY - ST - ZIP

74 CITY - ST - ZIP

Change  Addition

SIGNATURE:

*Edward M. Ghezzi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96

305-596-3800

CR2E034 (3/96)