

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra E. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 606060 (2)**

1. Corporation Name  
**MICHAEL N. GOMES, ATTORNEY, PROFESSIONAL ASSOCIATION**

Principal Place of Business  
**2401 E ATLANTIC BLVD #210  
POMPANO BCH FL 33062**

Mailing Address  
**2401 E ATLANTIC BLVD #210  
POMPANO BCH FL 33062**

DO NOT WRITE IN THIS SPACE

2. Date of Previous Filing		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/09/1979		06/10/1994	
22. State Agent		27. State Agent		4. FEI Number		Applied For	
23. City & State		28. City & State		59-1875976		Not Applicable	
24. Tax		29. Tax		5. Certificate of Status Demand		\$8.75 Additional Fee Required	
30. Tax		31. Tax		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
32. Tax		33. Tax		7. This corporation has filed for bankruptcy under Chapter 11 of the Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GOMES, MICHAEL N. 2401 E ATLANTIC BLVD SUITE 210 POMPANO BEACH FL 33062</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City <b>FL</b> 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: \_\_\_\_\_ (Print Name of Registered Agent and the Registrar) \_\_\_\_\_ (Print Name of Agent or Agent of Registrar when not filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD <b>GOMES, MICHAEL N</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>2401 E. ATLANTIC BLV 210</b>	2. STREET ADDRESS	
3. CITY & STATE	<b>POMPANO BCH, FL 00000</b>	3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> A
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY & STATE		6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> A
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> A
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> A

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (1) (g), Florida Statutes. I further certify that the information made a part of 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 manager or trustee empowered to execute this report as required by Chapter 1307, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**Michael N. Gomes**

5/3/95

305-942-0910