

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified
01/09/1979

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOMES, MICHAEL N.
2401 E ATLANTIC BLVD
SUITE 210
POMPANO BEACH FL 33062**

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 agent 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 607.0506, Florida Statutes.

SIGNATURE

(PRINT) Registered Agent Signature (Required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PD	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	GOMES, MICHAEL N	
12.3	CITY-STATE-ZIP	2401 E. ATLANTIC BLV 210 POMPANO BCH, FL 00000	
12.4	TITLE		<input type="checkbox"/> DELETE
12.5	NAME		<input type="checkbox"/> DELETE
12.6	STREET ADDRESS		
12.7	CITY-STATE-ZIP		
12.8	TITLE		<input type="checkbox"/> DELETE
12.9	NAME		<input type="checkbox"/> DELETE
12.10	STREET ADDRESS		
12.11	CITY-STATE-ZIP		
12.12	TITLE		<input type="checkbox"/> DELETE
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	

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 as the receiver or trustee or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael N. Gomes

2/12/96

(954) 942-0910

CR2E034 (12/95)