

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

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AND
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95 APR 28 AM 10:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Barbara H. Morrison
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 678816 (0)

1. Corporation Name
M.S. GIMBEL & ASSOCIATES, INC.

Principal Place of Business Mailing Address

**201 N E 2ND STREET
FT LAUDERDALE FL 33301** **201 N E 2ND STREET
FT LAUDERDALE FL 33301**

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

07/17/1980 **04/04/1994**

4. FEI Number Applied For

59-2019676 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

6. This corporation has liability for intangible tax under S. 199.0332, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GIMBEL, MICHAEL S.
431 W LAKE DASHA DR
PLANTATION FL 33324**

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

FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIMBEL, MICHAEL S.
STREET ADDRESS	431 W LAKE DASHA DR
CITY ST ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is true and correct; that the information indicated on this annual report or application is true and accurate; and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver, appears in Block 12 or Block 13 if changed, or is an attachment with...

SIGNATURE: *[Signature]* **Michael Gimbel** 4/24/95 305-525-7000

DATE: _____