

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F04466**

(1)

1. Corporation Name
PAUL A. GAMBA, P.A.

Principal Place of Business

925 MARTIN DOWNS BLVD
P.O. BOX 560
PALM CITY FL 34997

Mailing Address

925 MARTIN DOWNS BLVD
P.O. BOX 560
PALM CITY FL 34990



3. Date Incorporated or Qualified 11/05/1980	3a. Date of Last Report 02/14/1995
4. FEI Number 59-2029328	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

GAMBA, PAUL A
925 S.W. MARTIN DOWNS BLVD.
PALM CITY FL 33497-7560

10. Name and Address of New Registered Agent

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 607.0302 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: **2/29/96**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GAMBA, PAUL A	
Street Address	3717 SW BRASSIE WAY	
City, St, Zip	PT ST LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		<input type="checkbox"/> DELETE
NAME		
Street Address		
City, St, Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
City, St, Zip	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
City, St, Zip	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
City, St, Zip	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
Street Address	
City, St, Zip	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished in good faith, and that the information 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 resident or trusted employee 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 attached list with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 407-287-7200

CR2E034 (12/95)