

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 # F60717 (8)

1. Corporation Name

JACK B. GERBER, P.A.



Principal Place of Business

9130 SO. DADELAND BLVD
STE. 1703
MIAMI FL 33156
US

Mailing Address

9130 SO. DADELAND BLVD
STE. 1703
MIAMI FL 33156
US

3. Date Incorporated or Qualified
12/31/1981

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21 9400 So. Dadeland Blvd.

2a. Mailing Address

26 9400 So Dadeland Blvd

4. FEI Number

59-2167908

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

9. Name and Address of Current Registered Agent

GERBER, JACK B
9130 SO. DADELAND BLVD
STE. 1703
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Jack B. Gerber

82 Street Address (P.O. Box Number is Not Acceptable)

9400 So. Dadeland Blvd

83 PH-5

84 City

Miami

FL

85 Zip Code

33156

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

Jack B. Gerber

(NOTE: Registered Agent signature required when persisting)

DATE

2/11/96

12. OFFICERS AND DIRECTORS

1. TITLE

PO

DELETE

NAME

GERBER, JACK B

STREET ADDRESS

10127 SW 93 PLACE

CITY-STATE-ZIP

MIAMI, FL 00000

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 or the receiver or trustee 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

Jack B. Gerber

Date

Daytime Phone #

2/11/96 (805) 670-3070

CR2E034 (12/95)