


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # #F66222 (3)**

1. Corporation Name

**LAURY J. GAYNES, P. A.**

Principal Place of Business

**10004 N. W. 54th Place  
Coral Springs,  
Florida 33076**

Mailing Address

**10004 N.W. 54th Place  
Coral Springs,  
Florida 33076**

3. Date Incorporated or Qualified  
**2/7/1982**

3a. Date of Last Report  
**1/23/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**59-2163566**

Applied For

Not Applicable

21. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

22. City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

23. Zip

Country

24. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAYNES, LAURY J.  
10004 N. W. 54th Place  
Coral Springs, Florida  
33076**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE ☐ DELETE  
NAME: **PD**  
STREET ADDRESS: **GAYNES, LAURY J.**  
CITY, ST, ZIP: **10004 N.W. 54th Place**  
**Coral Springs, Florida 33076**

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

12.2 TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

12.3 TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

12.4 TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

12.5 TITLE ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information reported 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 attached statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAURY J. GAYNES**

**4/10/97**

**(954) 755-7770**

Date

Daytime Phone #

CR2E034 (9/96)