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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F69453

1. Corporation	MENT # F694 Name IIM GERBRACHT, P.A.	l53 (1)					
Principal Place of Business Mailing Address						##	QU 31841 61811 1861
615 A UNITED ST KEY WEST FL 33040 KEY WEST FL 33040							
					 Date Incorporated or Qualified 03/03/1982 	3a. Date of Last R 06/09/1	
2. Principal Pla	pal Place of Business 2a. Mailing Address 26				4. FEI Number 59-2274933	ļ	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	1 1	Additional Required
Crty & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 24	Country 25	25 29 30		ry 	8. This corporation has liability for in Florida Statutes Yes	№ No	199.032,
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	egistered Agent	
GERBRACHT, JIM 615 A UNITED ST				Name Street Add	ress (P.O. Box Number is Not Acceptabl	<u>e)</u>	
	/EST FL 33040		83				
			8	4 City		FL 85 Zi	p Code
DIOMETRIDE	h, and accept the obligations of, So Signature, typed or printed name of registered as OFFICERS A			ent signature require	ed when renstating) ADDITIONS/CHANGES TO OFF it	DATE)DQ IN 10
TITLE	PST	DELETE	1 1 THTU			☐ Change	Addition
NAME	ACDED LOUIS HAS		1.2 NAM				•
STREET ADDRESS CITY-ST-ZIP	615 A UNITED ST KEY WEST FL			ET ADDRESS			
TITLE	D	DELETE	2 1 TITL			Change	Addition
NAME	GERBRACHT, JIM 22		2.2 NAMI	ŧ l			
STREET ADDRESS	615 A UNITED ST		23 STRE	ET ADDRESS			
CITY-ST-ZIP	KEY WEST FL		24 CITY	- ST - ZIP		on the control and the pages and the control of the	
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NAME			3.2 NAMI				
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STREET ADDRESS				ET ADORESS			i
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5. 1 TITL			☐ Change	☐ Addition
NAME		_	5.2 NAM			0	_
STREET ADDRESS				ET ADDRESS			
CITY-S1-ZIP			5.4 CITY	1			
TITLE		☐ DELETE	6. 1 TITL			☐ Change	☐ Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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.

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SIGNATURE:

CITY-ST-ZIP