

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Michman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G53532**

(9)

1. Corporation Name

PATRICK M. GORDON, P.A.



Principal Place of Business

**810 SATURN ST
STE 17
JUPITER FL 33477
US**

Mailing Address

**810 SATURN ST
STE 17
JUPITER FL 33477
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**GORDON, PATRICK M.
810 SATURN ST
STE 17
JUPITER FL 33477**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
08/10/1983

3a. Date of Last Report
03/30/1995

4. FLE Number
59-2458694

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

10. Name and Address of New Registered Agent

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PST
GORDON, PATRICK M.
810 SATURN ST STE 17
JUPITER FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
GORDON, PATRICK M.
810 SATURN ST STE 17
JUPITER FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. STREET ADDRESS

11. CITY, ST, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or shareholder annual report 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 this corporation or the registered transfer agent for this corporation and I am duly 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 as an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/96

744-5850

CR2E034 (12/95)