

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G74759

(3)

1. Corporation Name

HOWARD S. GAINES, P.A.

Principal Place of Business

% HOWARD S. GAINES
1999 UNIVERSITY DR #214
CORAL SPRINGS FL 33071
US

Mailing Address

% HOWARD S. GAINES
1999 UNIVERSITY DR #408
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1983

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2344009

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. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2855 University Dr.

Suite, Apt. #, etc.

22 230

City & State

23 Coral Springs, FL

Zip

24 33065

Country

25 Broward

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GAINES, HOWARD S.
1999 UNIVERSITY DR. #214
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

2855 University Dr.

83 Suite 230

84 City Coral Springs

FL

85 Zip Code

33065

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GAINES, HOWARD S
STREET ADDRESS 1999 UNIVERSITY DR #208
CITY-ST-ZIP CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2855 University Dr. #230
1.4 CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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

4/15/95
Date

PD-221-4299
Signature Number