

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

**FILED**  
**Mar 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H09888 (9)**

1. Corporation Name  
**WILLIAM A. GLIWA, D.C., P.A.**

Principal Place of Business  
**1110 SE 3RD AVE  
 FT LAUDERDALE FL 33316-1110**

Mailing Address  
**1110 SE 3RD AVE  
 FT LAUDERDALE FL 33316-1110**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
**06/27/1984**

3a. Date of Last Report  
**04/22/1996**

4. FEI Number

**59-2420556**

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

10. Name and Address of New Registered Agent

**ESQUINE, INGLIS R  
 2455 E SUNRISE BLVD  
 STE 320 FT. LAUD.  
 FT.LAUD. FL 33304**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD GLIWA, WILLIAM A.**  
 STREET ADDRESS **1110 SE 3RD AVE**  
 CITY - ST - ZIP **FT LAUDERDALE FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*William A. Gliwa*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WILLIAM A. GLIWA**

**2/3/97**  
 Date

**(954) 764 7474**  
 Daytime Phone

CR2E034 (9/96)