

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

FILED

Apr 15 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **H10522** (1)

1. Corporation Name
MARTIN GERBER, P. A.

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|---|--|
| Principal Place of Business 2450 HOLLYWOOD BLVD., #305 HOLLYWOOD FL 33020 | Mailing Address 2450 HOLLYWOOD BLVD., #305 HOLLYWOOD FL 33020-6624 |
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|---|--|--|---|--|--|
| 2. Principal Place of Business 21 2310 Hollywood Blvd. Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33020 Country 25 USA | | 2a. Mailing Address 26 2310 Hollywood Blvd. Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip 29 33020 Country 30 USA | | 3. Date Incorporated or Qualified 07/02/1984 | 3a. Date of Last Report 04/02/1996 |
| | | 4. FEI Number 59-2419571 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent GERBER, MARTIN 2450 HOLLYWOOD BLVD., #305 HOLLYWOOD FL 33020 | | | 10. Name and Address of New Registered Agent 81 Name Gerber, Martin 82 Street Address (P.O. Box Number is Not Acceptable) 2310 Hollywood Blvd. 83 84 City Hollywood FL 85 Zip Code 33020 | | |

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 | | (NOTE: Registered Agent's signature required when reinstating) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | GERBER, MARTIN | | | | |
| STREET ADDRESS | 2318 HOLLYWOOD BLVD | | | | |
| CITY - ST - ZIP | HOLLYWOOD FL | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | Gerber, Martin | | | | |
| 1.3 STREET ADDRESS | 2310 Hollywood Blvd. | | | | |
| 1.4 CITY - ST - ZIP | Hollywood, FL 33020 | | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY - ST - ZIP | | | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY - ST - ZIP | | | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY - ST - ZIP | | | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY - ST - ZIP | | | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 in bolded, or on an attachment with an address.

SIGNATURE:  **4-10-97 (954) 921-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0127852

CR2E034 (9/96)