

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

FILED

Jan 27 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 # **H15750** (3)
1. Corporation Name
LEE B. GARTNER, P.A.



| | |
|--|---|
| Principal Place of Business 1700 N UNIVERSITY DR STE 100 CORAL SPRINGS FL 33071 US | Mailing Address 1700 N UNIVERSITY DR STE 100 CORAL SPRINGS FL 33071-8089 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/08/1984 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. LEE B. GARTNER P.A. 3300 University Drive Suite 408 Coral Springs, Fl. 33065 | 2b. Mailing Address 26 Suite, Apt. #, etc. LEE B. GARTNER P.A. 3300 University Drive Suite 408 Coral Springs, Fl. 33065 |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|---|--|
| 4. FEI Number 59-2500028 | Applied For <input type="checkbox"/> 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
**GARTNER, LEE
1700 N UNIVERSITY DR
STE 100
CORAL SPRING FL 33071**

10. Name and Address of New Registered Agent
81 Name **LEE GARTNER**
82 Street Address (P.O. Box Number is Not Acceptable)
**LEE B. GARTNER P.A.
3300 University Drive Suite 408**
83 City
Coral Springs, Fl. 33065
84 City
Coral Springs, Fl. 33065
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 *Lee Gartner* DATE **1/14/97**

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| TITLE PO | <input type="checkbox"/> DELETE |
| NAME GARTNER, LEE B. | |
| STREET ADDRESS 1700 N UNIVERSITY DR / STE 100 | |
| CITY-ST-ZIP CORAL SPRING FL | |
| TITLE LEE B. GARTNER P.A. | <input type="checkbox"/> DELETE |
| NAME 3300 University Drive Suite 408 | |
| STREET ADDRESS Coral Springs, Fl. 33065 | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 if changed, or on an attachment with an address.

SIGNATURE: *Lee Gartner* DATE: **1/14/97** Daytime Phone: **954 255-5350**

CR2E034 (9/96)