

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

FILED

**May 09 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 # H86520 (4)
1. Corporation Name
RONALD GELLES, INC.



Principal Place of Business Mailing Address
**2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133
2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133-5413**

3. Date Incorporated or Qualified
11/20/1985
3a. Date of Last Report
05/01/1996

2. Principal Place of Business **21** 2a. Mailing Address **26**
3. FFI Number
59-2609767 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

g. Name and Address of Current Registered Agent
**A Z REGISTERED AGENT CORPORATION
2801 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133**
10. Name and Address of New Registered Agent
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 title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
<small>TITLE</small>	DP <input type="checkbox"/> DELETE	
<small>NAME</small>	GELLES, RONALD, M.D.	
<small>STREET ADDRESS</small>	175 WESTWARD DR.	
<small>CITY-ST-ZIP</small>	MIAMI SPRINGS FL	
<small>TITLE</small>	<input type="checkbox"/> DELETE	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> DELETE	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		
<small>TITLE</small>	<input type="checkbox"/> DELETE	
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY-ST-ZIP</small>		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<small>1.1 TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>1.2 NAME</small>	
<small>1.3 STREET ADDRESS</small>	
<small>1.4 CITY-ST-ZIP</small>	
<small>2.1 TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>2.2 NAME</small>	
<small>2.3 STREET ADDRESS</small>	
<small>2.4 CITY-ST-ZIP</small>	
<small>3.1 TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>3.2 NAME</small>	
<small>3.3 STREET ADDRESS</small>	
<small>3.4 CITY-ST-ZIP</small>	
<small>4.1 TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>4.2 NAME</small>	
<small>4.3 STREET ADDRESS</small>	
<small>4.4 CITY-ST-ZIP</small>	
<small>5.1 TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>5.2 NAME</small>	
<small>5.3 STREET ADDRESS</small>	
<small>5.4 CITY-ST-ZIP</small>	
<small>6.1 TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>6.2 NAME</small>	
<small>6.3 STREET ADDRESS</small>	
<small>6.4 CITY-ST-ZIP</small>	

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 *[Handwritten Signature]*

CR2E04 (9/96)