


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

FILED

Jan 28 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 # K51645 (5)			
1. Corporation Name GOULD & LEFFEWE, P.A.			
Principal Place of Business % EUGENE J. O'NEILL 650 AZALEA LN VERO BEACH FL 32963 US		Mailing Address % EUGENE J. O'NEILL 650 AZALEA LN VERO BEACH FL 32963-1832 US	
2. Principal Place of Business 21 815 Beachland Blvd.		2a. Mailing Address 26 815 Beachland Blvd.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Vero Beach FL		City & State 28 Vero Beach FL	
Zip 24 32963		Country 25 USA	
3. Date Incorporated or Qualified 12/15/1988		3a. Date of Last Report 02/27/1996	
4. FEI Number 59-2817653		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent O'NEILL, EUGENE J. 979 BEACHLAND BLVD VERO BEACH FL 32963		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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PSD	<input type="checkbox"/> DELETE	
NAME	GOULD, CHARLES H.		
STREET ADDRESS	650 AZALEA LANE		
CITY- ST- ZIP	VERO BEACH FL		
TITLE	VTD	<input type="checkbox"/> DELETE	
NAME	LEFFEWE, RICHARD B		
STREET ADDRESS	2915 EAGLE DR		
CITY- ST- ZIP	VERO BCH 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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	1901 23rd Avenue		
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			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES H. GOULD

1-9-97

561 234-3990

Date

Daytime Phone #

0100000

CR2E034 (9/96)