

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K56423** (2)
1. Corporation Name
RENE GUTIERREZ, P.A.



Principal Place of Business: **% RENE GUTIERREZ, 10459 REYNOLDS ST. P.O. BOX 1838, BONITA SPRINGS FL 33959**
Mailing Address: **% RENE GUTIERREZ, 10459 REYNOLDS ST. P.O. BOX 1838, BONITA SPRINGS FL 33959**

3. Date Incorporated or Qualified: **12/29/1988** 3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0089864** 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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country
2a. Mailing Address: 26. State, Apt. #, etc. 27. City & State 28. Zip 29. Country 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUTIERREZ, RENE
315 DEVILS BIGHT
NAPLES FL 33940**

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 607.06(2) and 607.15(8), 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: D GUTIERREZ, RENE	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 315 DEVILS BIGHT	
12.3 CITY, ST., ZIP: NAPLES FL	
12.4 NAME:	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS:	
12.6 CITY, ST., ZIP:	
12.7 NAME:	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS:	
12.9 CITY, ST., ZIP:	
12.10 NAME:	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS:	
12.12 CITY, ST., ZIP:	

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME:	
13.6 STREET ADDRESS:	
13.7 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME:	
13.9 STREET ADDRESS:	
13.10 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME:	
13.12 STREET ADDRESS:	
13.13 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST., ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 and is changed, or in an attachment with an address.

SIGNATURE: *René Gutierrez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2296-941-9920972

CR2E034 (12/95)