

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:49

DOCUMENT # **K74332** (3)

1. Corporation Name
GARY AXELROD, INC.

Principal Place of Business Mailing Address
4600 WOODLANDS BLVD 4600 WOODLANDS BLVD
TAMARAC FL 33319 TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/21/1989		3a. Date of Last Report 04/19/1994	
4. FEI Number 65-0111721		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			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				65-0111721				Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/>			
22				27				6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>			
City & State				City & State				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23				28				9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Zip		Country		Zip		Country		ROSENTHAL, ALAN S., ESQ. 1031 N. MIAMI BEACH BLVD. N. MIAMI BEACH FL 33162				81 Name			
24		25		29		30						82 Street Address (P.O. Box Number is Not Acceptable)			
												83			
												84 City			
												85 Zip Code			
												FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, GARY	1.2 NAME	
STREET ADDRESS	4600 WOODLANDS BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, LISA	2.2 NAME	
STREET ADDRESS	4600 WOODLANDS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Axelrod Gary Axelrod 4/13/95 305-731-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR