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97 MAY -8 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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



DOCUMENT # L13461 (3)

1. Corporation Name  
GARY T. STIPHANY, P.A.

Principal Place of Business

200 S. BISCAYNE BLVD.  
SUITE 2420  
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.  
SUITE 2420  
MIAMI FL 33131-5334



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1989		3a. Date of Last Report 04/26/1996	
21	701 Brickell Avenue	26	701 Brickell Avenue	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc. 22 Suite 2000		Suite, Apt. #, etc. 27 Suite 2000		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23 Miami, FL		City & State 28 Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Zip 33131	25	Country USA	29	Zip 33131	30	Country USA

9. Name and Address of Current Registered Agent

STIPHANY, GARY T  
200 S. BISCAYNE BLVD.  
SUITE 2420  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
Gary T. Stiphany  
82 Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue  
83 Suite 2000  
84 City  
Miami FL 85 Zip Code  
33131

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 of officer or director of corporation required if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIPHANY, GARY T.	1.2 NAME	Gary T. Stiphany
STREET ADDRESS	200 S BISCAYNE BLVD SUITE 2420	1.3 STREET ADDRESS	701 Brickell Avenue Suite 2000
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	\$ 165 BANK
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

5/1/97

Date

Domestic Phone #

CR2E034 (9/96)