

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 6: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L17325** (6)

1. Corporation Name

**EDWARD H. GILBERT, P.A.
GILBERT AND BOMSTEIN, P.A.**

Principal Place of Business

Mailing Address

**2601-S BAYSHORE DR.
SUITE 1225
MIAMI FL 33133-5413**

**2601-S BAYSHORE DR.
SUITE 1225
MIAMI FL 33133-5413**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/19/1989** 3a. Date of Last Report **02/25/1994**

4. FEI Number **59-3006667** 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**

7. This corporation has liability for intangible tax under S. 190.020, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **5100 Town Center Circle**

26 **5100 Town Center Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 330**

27 **Suite 330**

City & State

City & State

23 **Boca Raton, FL**

28 **Boca Raton, FL**

Zip

Country

Zip

Country

24 **33486**

25 **USA**

29 **33486**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**E.H.G. RESIDENT AGENTS INC
2601-S BAYSHORE DR
STE 1225
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5100 Town Center Circle

83 **Suite 330**

84 City **Boca Raton**

FL

85 Zip Code **33486**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **GILBERT, EDWARD H.**
STREET ADDRESS **2601-S BAYSHORE DR 1225**
CITY ST ZIP **MIAMI FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **5100 Town Center Circle, Suite 330**
14 CITY ST ZIP **Boca Raton, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
**10000 147 1861
-05/02/95--01156--004
****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
CH

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(2)(b), 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 said 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 in an attached block with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95
Date

(147)361-9700
Telephone Number