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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

B DIVISION OF CORPORATIONS

DOCUMENT #

(9)

DR. GEORGE R. GALLUZZO, P.A. Principal Place of Business Mailing Address 320 SE 18TH STREET 320 SE 18TH ST FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316-2818 US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/22/1996 01/04/1990 2. Principal Place of Business 4. FEI Number 2a. Mading Address Applied For 65-0159506 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Zip  $Z_{\rm I}\rho$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GALLUZZO, DR. GEORGE R 320 S.E. 18TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 83 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 for 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 farm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

PRESIDENT NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE THLE GALLUZZO, GEORGE R JR 1.2 NAME NAME 320 S.E. 18TH STREET 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP C-TY - ST - ZIP DELETE Addition Change 2.1 TITLE TITLE

2.2 NAME

31 TITLE

32 NAME

4.1 TITLE

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

4.4 CITY - ST-ZIP

5.3 STREET ADDRESS 54 CHTY-ST-ZIP

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

**3.3 STREET ADDRESS** 3 4. CITY - ST - ZIP

2 4 CHY-ST-ZIP

DELETE Change Addition 61 THILE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

NAME

THEF

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHTY - ST - ZIP

CITY - ST - ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Jan 22 1997 8:00am

Secretary of State

Change

Change

Change

Addition

\_\_\_ Addition

Addition