

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

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AND
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95 MAY -1 PM 4: 18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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***200.00 ***200.00
DO NOT WRITE IN THIS SPACE**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L57465 (1)
1. Corporation Name
NORTH & STEIN, P.A. GLORIA O. NORTH, P.A.

Principal Place of Business Mailing Address
**301 YAMATO ROAD, SUITE 1100 4120
NORTHERN TRUST PLAZA
BOCA RATON FL 33431**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip

3. Date Incorporated or Qualified 3a. Date of Last Report
03/15/1990 03/22/1994

4. FEI Number Applied For
65-0186079 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 taxes under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NORTH, GLORIA O.
NORTH & STEIN, P.A. - GLORIA O. NORTH, P.A.
301 YAMATO ROAD, SUITE 1100 4120
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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, 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 *Gloria O. North, President* DATE **4-24-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NORTH, GLORIA O.
STREET ADDRESS	301 YAMATO RD #1190
CITY - ST - ZIP	BOCA RATON FL
TITLE	VD
NAME	CHARLES, SHERI S
STREET ADDRESS	301 YAMATO RD #1190
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CHARLSE, SHERI S.	Delete
13 STREET ADDRESS	301 YAMATO ROAD	
14 CITY - ST - ZIP	BOCA RATON FL 33431	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP	T.S. 5/5/95	

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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gloria O. North, Gloria O. North* DATE: **4-24-95 (407) 994-6444**