


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90126 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L57465**

1. Corporation Name  
**GLORIA O. NORTH, P.A.**

Principal Place of Business 555 S. FEDERAL HWY SUITE 400-F BOCA RATON FL 33432 US	Mailing Address 555 S. FEDERAL HWY SUITE 400-F BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/15/1990</b>		4. FEI Number <b>65-0186079</b>	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>2300 Glades Road</b> Suite, Apt. #, etc. 22 <b>Suite 203 E</b> City & State 23 <b>Boca Raton FL</b> Zip 24 <b>33431</b> Country 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>2300 Glades Road</b> Suite, Apt. #, etc. 27 <b>Suite 203 E</b> City & State 28 <b>Boca Raton FL</b> Zip 29 <b>33431</b> Country 30 <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent NORTH, GLORIA O. 555 S. FEDERAL HWY SUITE 400-F BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name <b>North, Gloria O.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2300 Glades Road</b> 83 <b>Suite 203 E</b> 84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33431</b>	

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 Gloria O. North DATE 4-20-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NORTH, GLORIA O.</b>		1.2 NAME <b>@ North, Gloria O.</b>	
STREET ADDRESS <b>555 S. FEDERAL HWY STE 400-F</b>		1.3 STREET ADDRESS <b>2300 Glades Road, Suite 203 E</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>		1.4 CITY-ST-ZIP <b>Boca Raton FL 33431</b>	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Gloria O. North Gloria O. North DATE 4-20-99 DAYTIME PHONE # 561-750-4050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (1/99)