

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L65282** (0)
1. Corporation Name

DR. GILLETTE & ASSOCIATES, #6978, P.A.



Principal Place of Business: **11212 PARK BLVD SEMINOLE FL 34642 US**
Mailing Address: **7209 BRYAN DAIRY ROAD LARGO FL 34647-1505 US**

3. Date Incorporated or Qualified: **04/04/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3005244**
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**
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**GILLETTE, THEODORE N.
7209 BRYAN DAIRY RD.
LARGO FL 34647**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL 85**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	GILLETTE, THEODORE N.	
STREET ADDRESS	7209 BRYAN DAIRY RD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	DV	<input type="checkbox"/>
NAME	SANCHEZ, RICHARD	
STREET ADDRESS	7209 BRYAN DAIRY RD.	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	SANCHEZ, RICHARD		
23 STREET ADDRESS	7209 BRYAN DAIRY RD.		
24 CITY-ST-ZIP	LARGO, FL 33777		
31 TITLE	CFO, VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	NICHOLAS, ARFARAS		
33 STREET ADDRESS	7209 BRYAN DAIRY RD.		
34 CITY-ST-ZIP	LARGO, FL 33777		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: VP NICHOLAS M. ARFARAS 7/25/96 (813)545-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)