

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 AM 10:40

DOCUMENT # M06929 (7)

1. Corporation Name
GELBWAKS INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
2901 NE 208 TERRACE MIAMI FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/25/1984** 3a. Date of Last Report **01/19/1994**
4. FEI Number **59-2504438** 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. 199.032, Florida Statutes Yes No

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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**LEOPOLD, NORMAN
20801 BISCAYNE BOULEVARD
NO. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (NOTE: Registered Agent signature requires when re-statuting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GELBWAKS, PETER S.
STREET ADDRESS	19330 N.E. 23RD. AVENUE
CITY - ST - ZIP	NO. MIAMI BEACH FL
TITLE	DV
NAME	GELBWAKS, SHARON R.
STREET ADDRESS	19330 N.E. 23RD. AVENUE
CITY - ST - ZIP	NO. MIAMI BEACH FL
TITLE	DV
NAME	DYESS, WILLIAM R.
STREET ADDRESS	2730 N. 72 AVENUE
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	212 - 33180
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	212 - 33180
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DYESS, WILLIAM R.
3.3 STREET ADDRESS	9400 OAK GROVE CIRCLE
3.4 CITY - ST - ZIP	DAVIE, FL 33328
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(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 corporate seal has 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 of this report, or on an attachment with an address.

SIGNATURE: *Sharon R. Gelbwaks* 2-8-95 305-937-0937
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Sharon R. Gelbwaks