

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M06929 (7)**

1. Corporation Name
GELBWAKS INSURANCE SERVICES, INC.



Principal Place of Business: **2801 NE 208 TERRACE MIAMI FL 33180**
Mailing Address: **2801 NE 208 TERRACE MIAMI FL 33180**

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

3. Date Incorporated or Qualified: **10/25/1984** 3a. Date of Last Report: **02/13/1995**
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

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 607.0107 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 607.0205, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	DP	<input type="checkbox"/> DELETE
11.2 NAME	GELBWAKS, PETER S.	
11.3 STREET ADDRESS	19330 N.E. 23RD. AVENUE	
11.4 CITY-ST- ZIP	NO. MIAMI BEACH FL	
11.5 TITLE	DV	<input type="checkbox"/> DELETE
11.6 NAME	GELBWAKS, SHARON R.	
11.7 STREET ADDRESS	19330 N.E. 23RD. AVENUE	
11.8 CITY-ST- ZIP	NO. MIAMI BEACH FL	
11.9 TITLE	DV	<input type="checkbox"/> DELETE
11.10 NAME	DYESS, WILLIAM R.	
11.11 STREET ADDRESS	9400 OAK GROVE CIRCLE	
11.12 CITY-ST- ZIP	DAVIE FL	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-ST- ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-ST- ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-ST- ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-ST- ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-ST- ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 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 registered or trustee or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 or both if changed or corrected in accordance with an address.

SIGNATURE: *Sharon R. Gelbwaks* Sharon R. Gelbwaks 5/13/96 305-937-0937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)