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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90010 028 ***150.00

PROFIT-
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06929

1. Corporation Name
GELBWAKS INSURANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/25/1984

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number
59-2504438
Applied For
Not Applicable

Suite, Apt. #, etc.
22
27

5. Certificate of Status Desired
\$8.75 Additional Fee Required

City & State
23
28

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

Zip
Country
24
25
29
30

8. This corporation owes the current year Intangible Personal Property Tax.
Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORWITZ, WAYNE CPA
3511 WEST COMMERCIAL BOULEVARD
SUITE 402
FORT-LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GELBWAKS, PETER S
11035 S.W. 38TH DRIVE
DAVIE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
GELBWAKS, SHARON R.
11035 S.W. 38TH DRIVE
DAVIE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DYESS, WILLIAM R.
9400 OAK GROVE CIRCLE
DAVIE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-26-9 9305-437-093
Date Daytime Phone #

CR2E034 (1/98)