


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34711**

(2)

1. Corporation Name

GAIL RHODES & ASSOCIATES, INC.

FILED

97 AUG 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 777NW 72ND AVE. SUITE 38845 MIAMI FL 33126	Mailing Address 777NW 72ND AVE. SUITE 38845 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1227 CRESTWOOD DRIVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 1227 CRESTWOOD DRIVE Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/09/1991	3a. Date of Last Report 04/24/1996
23 DELRAY BEACH, FL City & State 24 33483 Zip 25 USA Country	28 DELRAY BEACH, FL City & State 29 33483 Zip 30 Country	4. FEI Number 33-0206925	Applied For Not Applicable
9. Name and Address of Current Registered Agent MINER, GAIL RHODES 777 NW 72ND AVE., SUITE 38845 MIAMI FL 33126		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	CT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, GAIL RHODES	1.2 NAME	
STREET ADDRESS	3850 NE 28TH AVENUE	1.3 STREET ADDRESS	1227 CRESTWOOD DRIVE
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINER, MONTE A.	2.2 NAME	
STREET ADDRESS	3850 NE 28TH AVENUE	2.3 STREET ADDRESS	1227 CRESTWOOD DRIVE
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE		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		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		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		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 do 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.

SIGNATURE:

SIGNATURE REQUIRED

8/15/97 561-265-2442

CR2E034 (4/97)



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GAIL RHODES & ASSOCIATES, INC.

777 NW 72nd Ave., Ste 3BB45, Miami, FL 33126 Ph. (305) 261-6909 Fax 261-7763

1227 Crestwood Dr., Delray Beach, FL 33483 Ph. (561) 265-2442 Fax (561) 243-3070

DATE: August 15, 1997

COMPANY: Florida Department of State

FAX TEL NO.:

ATTENTION:

FROM: Monte Miner
Secretary

TEL. NO.:

RE: PAGES:

MESSAGE

To Whom It May Concern:

Enclosed please find check no. 8935 in the amount of \$165.00. This is payment of the 1997 Profit Corporation Annual Report filing fee.

I understand that I am filing after May 1, 1997 and that a late filing fee would normally apply. However I was out of the state three times this year for extended periods of time due to a death in the family and tending to the affairs of my mother who suffers from Alzheimer's Disease. This is an all consuming task. Upon my return on July 11, 1997 I became aware that the above fee had not been paid. I am making payment now and ask that the State, due to extenuating circumstances waive any penalty for late filing. If you check your records you will find that in the past payment has been made prior to the due date. Thank you for your consideration in this matter.

Sincerely, Monte A. Miner, secretary