

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001698 (8)

1. Corporation Name:
DONALD D. GILLIS, P.A.

Principal Place of Business:
7220 NW 36TH STREET
210
MIAMI FL 33166
US

Mailing Address:
7220 NW 36TH STREET
210
MIAMI FL 33166
US

APPROVED
AND
FILED

1996 APR 15 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address:
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
02/07/1994

4. FEI Number
65-0384925

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
GILLIS, DONALD D
7220 NW 36TH STREET
SUITE 210
MIAMI FL 33166

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 607.0602 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 I accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

(NOTE: Registered Agent signature required when reappointing)

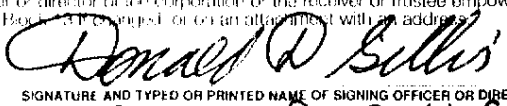
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GILLIS, DONALD D	1.2 NAME	
STREET ADDRESS	590 ORIOLE AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SPRINGS FL	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and I am registered for or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD D. GILLIS


Date: April 4, 1996 Daytime Phone #: 305 417 4443

\$ Deposited by Bank