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FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000040668 (4)

1. Corporation Name

GERALD P. DE PACE, P.A.

Principal Place of Business

513 N STATE RD 7
MARGATE FL

Mailing Address

117 LAKE EMERALD DR.
UNIT 407
FT. LAUDERDALE FL 33309
US



2. Principal Place of Business

21 117 LAKE EMERALD DR.

Suite, Apt. #, etc.

22 # 407

City & State

23 FORT LAUDERDALE

Zip

24 33309

Country

25 BROWARD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/08/1993

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0463141

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

DEPACE, GERALD P
513 N STATE RD 7
MARGATE FL

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

117 LAKE EMERALD DR. #407

83

84 City

FORT LAUDERDALE

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation under Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/24/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME DEPACE, GERALD P

STREET ADDRESS 513 N STATE RD 7

CITY-ST-ZIP MARGATE FL 33063

TITLE VST ☐ DELETE

NAME DEPACE, GERALD P

STREET ADDRESS 513 N STATE RD 7

CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME DEPACE, GERALD P.

1.3 STREET ADDRESS 117 LAKE EMERALD DR. #407

1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME DEPACE, GERALD P.

2.3 STREET ADDRESS 117 LAKE EMERALD DR. #407

2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

(954) 739-1491

Date Daytime Phone #

CR2E034 (9/96)