

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000001266 (3)**

1. Corporation Name
ANDREW L. GORDON, P.A.



Principal Place of Business: **125 HAMPTON LANE KEY BISCAIYNE FL 33149**
Mailing Address: **125 HAMPTON LANE KEY BISCAIYNE FL 33149**

2. Principal Place of Business: 21 Sub. Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Sub. Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **01/03/1994** 3a. Date of Last Report: **02/09/1995**
4. FEI Number: **65-0458607** 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

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
SUITE 1600
MIAMI FL 33131**

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 607.02(2) and 607.1408, 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 Sections 607.02(9), Florida Statutes.

SIGNATURE: _____ DATE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. NAME	GORDON, ANDREW L		2. NAME		
3. STREET ADDRESS	125 HAMPTON LANE		3. STREET ADDRESS		
4. CITY, ST. ZIP	KEY BISCAIYNE FL 33149		4. CITY, ST. ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> DELETE	5. TITLE		
6. NAME			6. NAME		
7. STREET ADDRESS			7. STREET ADDRESS		
8. CITY, ST. ZIP			8. CITY, ST. ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> DELETE	9. TITLE		
10. NAME			10. NAME		
11. STREET ADDRESS			11. STREET ADDRESS		
12. CITY, ST. ZIP			12. CITY, ST. ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> DELETE	13. TITLE		
14. NAME			14. NAME		
15. STREET ADDRESS			15. STREET ADDRESS		
16. CITY, ST. ZIP			16. CITY, ST. ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 included 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 registrar 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 in Block 14 if added with an address.

SIGNATURE: *Andrew Gordon* Andrew Gordon 2/14/96 305-358-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)