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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996

DOCUMENT # 1. Corporation Name

P94000039641 (3)

SARAH H. GERBER, P.A.

Mailing Address Principal Place of Business



1375 BUCKINGHAM ROAD WINTER PARK FL 32789			1375 BUCKINGHAM ROAD WINTER PARK FL 32789			3. Date Incorporated or Qualified 05/23/1994 4. FET Number	3a. Date of Last Report 05/01/1995 Applied For		
. Principal Place of Business		· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address		59-3271549			Not Applicable	
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
Suite, Apr. #, etc.		27				6. Election Campaign Financing		\$5.0	O May Be
City & State		28	City & State			Trust Fund Contribution			d to Fees
Zφ	Country		Ζφ	Country		This corporation has liability for Elorida Statutes	intangible ta	x under s	199.052,
	25			30		10. Name and Address of New Registered Agent			
9.	Name and Address of Curre	ent Regist	ered Agent	81	Name				
A-0050	OADAII II			82	1	ess (P.O. Box Number is Not Acceptat	ole)		
GERBER, SARAH H 1375 BUCKINGHAM ROAD									
WINTER P	ARK FL 32789			83				OF   7	ip Code
Pursuant to the provisions of Sections 607.0562 and 6     Pursuant to the provisions of Sections 807.0562 and 6				84			FL	_   ' '	•
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	OFFICERS /	AND DIRE	TORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
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I do hereby certry that the information supplied with this hing is voluntarily turnished and duces not quality for the exemption stated in Section 1 (SUZ)(SIM). Florida Statutes: I furnished and duces not quality that the information indicated on this annual report or supplemental annual report is true and accurate and that his 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 trusted 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:

ITED NAME OF SIGNING OFFICER OR DIRECTOR