FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000043362 (0)**1. Corporation Name

MICHAEL C. GONZALEZ, P.A.

Principal Place of Business Mailing Address						1 17011101 110 10111 21011 20111 22111 20111	Bain giber	. 19100 31610 6177	/ 1() (10 m)
220 E. MADISO	N	131 1ST STREET NW							
SUITE 1020 TAMPA FL 33602		SUITE 1020 LARGO FL 33770-3343							
TAMEN TE SOO	~	US			3. Date Incorporated or Qualified 06/06/1994	ted or Qualified 3a. Date of Last Report 05/01/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-3252743	Not Applicable			
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
	1030	27							<u> </u>
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zipi	Country	28 Zip	Coun	itrv			_=		
24	25	29	30	,			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No		
<u> </u>	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Ag			Agent		
GON	IZALEZ, MICHAEL C		81 Name						
220	E MADISON		82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
1030			L					·	
TAM	PA FL 33602		16	B3	i				
			Ī	B4	City			85 Zip (Code
							<u>FL</u>	-	
11. Pursuant office or a	to the provisions of Sections 607.050 registered agent. at his state	i2 and 607,1508, Florida Statu of Horida Such change was	utes, the abo authorized	ove bv	⊱named co ≀the como	orporation submits this statement for the paration's board of directors. I hereby accept	urpose o	if Changing it cointment as	ts registered registered
agent. La	am familiar with another did the offig	ation of Section 101 0505, F	lorida Statu	nes		signed by	_ ا	_	
SIGNATURE		CON I		H	ζ	1 MISTAIRE 4	TIP		
12.	Signal of the state of the stat		13.	Aper	ni signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	D DIRECTOR	25 IN 12
Tille	D	DELETE	1.1 1111	.E		ADDITIONS/OFFACES TO OFFIC	/EIIO AIII	Change	Addition
NAME	GONZALEZ, MICHAEL C	Q		1.2 NAME					_
STREET ADDRESS	220 E MADISON, STE 1020	•	1.3 STREET ADDRESS		ADDRESS				
CITY-ST ZIP	TAMPA FL		1.4 CITY		1				
TILE	The second secon			2.1 TITLE				Change	Addition
NAME			2.2 NAME						
STREET ADORESS			2.3 STREET ADORES		ADDRESS				
CITY - ST - ZIP			2.4 CITY-ST-ZIP		ST-ZIP				
THILE		DELETE	3 1 TITL	31 TITLE				Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STR	EET /	ADDRESS				
CITY - ST - ZIP			3.4. CIT	Y-5	iT-ZIP	<u> </u>			******************************
TITLE	DELETE 4.1		4.1 TiTL	4.1 TiTLE				☐ Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 \$TR	EET A	ADDRESS				
CITY - S1 - ZIP	ļ		4.4 CITY		T-ZIP			T T ALL	Adami
TITLE		☐ DELETE	5.1 TITL			*		Change Change	Addition
NAME			5.2 NAN						
STREET ADDRESS					ADORESS				
CITY - ST - ZiP		DELETE	5.4 CITY 6.1 TITL		1-21P			Change	Addition
TITLE		ריי מכוניונ	6.1 THE					L. Onango	L. rodillon
NAME CASE A ADOMESIO			4		ADDOLOG				
STREET ADORESS					ADDRESS				
14. Ldo here	by certify that the information supplie	d with this filing does not are	64 CiTy tify for the e	XOF	mption stat	ted in Section 119.07(3)(i), Florida Statute	s. I furthe	er certify that	the
informatic	co indicated on this annual report or s	sunnlemental annual renort is:	true and ac	COLU	irate and it	hat my signature shall have the same lega port as required by Chapter 607, Florida S	al effect a	is if made un	nder oath: Ibat
appears	in Block 12 or Block 13 if changed of	r of an attachment with an ac	dress.	1000	ato tina rep	port as required by chapter dor, i fortula c	itataico, e	and that my i	ianio