

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000009908 (1)**

1. Corporation Name

ELLEN T. GILBERT-ROSE, P.A.



Principal Place of Business

Mailing Address

**633 S. FEDERAL HWY.
SUITE 400
FT. LAUDERDALE FL 33301**

**633 S. FEDERAL HWY.
SUITE 400
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 **633 S. Federal Hwy**

26 **633 S. Federal Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Eighth Floor**

27 **P.O. Box 14333**

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Zip

Country

Country

24 **33301**

25 **USA**

29 **33302-4333**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILBERT-ROSE, ELLEN T
633 S. FEDERAL HWY.
SUITE 400
FT. LAUDERDALE FL 33301**

81 Name **Ellen T. Gilbert-Rose**

82 Street Address (P.O. Box Number is Not Acceptable)
633 S. Federal Hwy, Eighth Floor

83 **P.O. Box 14333**

84 City **Ft. Lauderdale**

FL 85 Zip Code **33302-4333**

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GILBERT-ROSE, ELLEN T**
CITY-ST-ZIP **633 S. FEDERAL HWY., SUITE 400
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **Pres/Dir** ☒ Change ☐ Addition
1.2 NAME **Ellen T. Gilbert-Rose**
1.3 STREET ADDRESS **633 S. Federal Hwy P.O. Box 14333**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33302-4333**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: **ELLEN T. GILBERT-ROSE** 1/25/96 760-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)