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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000009908**1. Corporation Name

Principal Place of Business

ELLEN GILBERT-ROSE, P.A.

633 SOUTH FEDERAL HWY. EIGHTH FLOOR FT. LAUDERDALE FL 33301		633 SOUTH FEDERAL HWY. P.O. BOX 14333 FT. LAUDERDALE FL 33302-4333		DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed 02/01/1995		
2. Principal Pl	ace of Business	2a. Mailing Addre	ess .			4. FEI Number		applied For
21		26				65-0560395	. 1	lot Applicable
Suite, Apt.	# etc.	Suite, Apt. #,	etc.			5 Certificate of Status Desired	\$8.75	Additional
─ 1 ' '		27				5. Certificate of Status Desired	Fee F	Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
¬ ' ′		28				Trust Fund Contribution		to Fees
23	Country	Zip	Col	untry		8. This corporation owes the current year Inta	ngible	
Zip		29	30	,		Personal Property Tax.	Yes	□No
24	25		. 30	1		10. Name and Address of New Registered	Agent	
	9. Name and Address of Current			81	Name	10. 1141110 4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1		
C1 1 C	N GILBERT-ROSE	The second of th		1			· .	
633 SOUTH FEDERAL HWY., EIGHTH FLOOR				82	Street Address (P.O. Box Number is Not Acceptable)			
				Service Services and determined the services of the services o		هدي و وري. دري دريو وري	217 1 (C.E.) 1(C.E.) 1(C.E.)	
P.O. BOX 14333				83		5517 151 158		
FT. LAUDERDALE FL 33302-4333			0		City	FALLSTON DE MAI CALL TIL ACTORINA PAR CALLA	85 Zir	Code
			•	84	- 7	FL	1 1	
office or n	to the provisions of Sections 67.0302 egistered agent, or both, in the State of familiar with, and accept the obligation					poration submits this statement for the purpose of ton's board of directors. I hereby accept the appoint	ntment as	registered
SIGNATURE	pour join	and title if emplicable	(NOTE: Pagistere	ad Agent	t signature require	ed when reinstating)		
	Signature, typed or printed Jame of registered agent				t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		t signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
12.	OFFICERS AND		13. ELETE 1.1 T	TITLE	t signature require			
12.	PD GILBERT-ROSE, ELLEN	DIRECTORS DE	13. ELETE 1.1 T	TITLE NAME		ADDITIONS/CHANGES TO OFFICERS AN		
12.	PD GILBERT-ROSE, ELLEN 633 SOUTH FEDERAL HWY., P.	DIRECTORS DE	13. ELETE 1.1 T 1.2 M 1.3 S	TITLE NAME STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AN		
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

C/TY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90057 048 ***150.00