

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000023280 (7)**

1. Corporation Name

ART GILES, P.A.

Principal Place of Business

**9485 SUNSET DRIVE
SUITE A-150
MIAMI FL 33173**

Mailing Address

**9485 SUNSET DRIVE
SUITE A-150
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

65-0573575

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 13500 N. Kendall Dr.

Suite, Apt. #, etc.

22 290

City & State

23 Miami, FL

Zip

24 33186-1515

Country

25 Miami-Dade

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GILES, ART
9485 SUNSET DRIVE
SUITE A-150
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

Art Giles

82 Street Address (P.O. Box Number is Not Acceptable)

13500 N. Kendall Dr.

83

#290

84 City

Miami

FL

85 Zip Code
33186

11. Pursuant to the provisions of Sections 607.0522 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 title if applicable

Art Giles

(NOTE: Registered Agent signature required when reinstating)

3/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME

GILES, ART

STREET ADDRESS

9485 SUNSET DRIVE, SUITE A-150

CITY-ST-ZIP

MIAMI FL 33173

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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 **President** ☒ Change ☐ Addition

1.2 NAME

Giles, Art

1.3 STREET ADDRESS

13500 N. Kendall Dr. #290

1.4 CITY-ST-ZIP

Miami, FL 33186-1515

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 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.

SIGNATURE:

Art Giles

3/20/98

(305)752-9090

CR2E034 (10/97)