

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

FILED

**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040851 (4)

1. Corporation Name
GAYLE GREEN, P.A.



Principal Place of Business 6691 EAST MONTEGO BAY BOULEVARD BOCA RATON FL 33433	Mailing Address 6691 EAST MONTEGO BAY BOULEVARD BOCA RATON FL 33433-4018
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2. Principal Place of Business 21 6691 Montego Bay Blvd	2a. Mailing Address 26 6691 Montego Bay Blvd	3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report 02/23/1996
Suite, Apt #, etc. 22 Unit E	Suite, Apt #, etc. 27 Unit E	4. FEI Number 65-0590793	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33433	Country 25 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29 33433	Country 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREEN, GAYLE ESO. 6691 EAST MONTEGO BAY BOULEVARD BOCA RATON FL 33433				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 6691 Montego Bay Blvd			
83				84 City Boca Raton FL 85 Zip Code 33433			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, GAYLE		1.2 NAME	
STREET ADDRESS 6691 EAST MONTEGO BAY BOULEVARD		1.3 STREET ADDRESS 6691 Montego Bay Blvd, Unit E	
CITY-ST-ZIP BOCA RATON FL 33433		1.4 CITY-ST-ZIP Boca Raton, FL 33433	
TITLE PVTS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREEN, GAYLE		2.2 NAME	
STREET ADDRESS 6691 E MONTEGO BAY BLVD		2.3 STREET ADDRESS 6691 Montego Bay Blvd, Unit E	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP Boca Raton, FL 33433	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Gayle Green, President Date: 3/30/97 Daytime Phone #: 561-362-0152

CR2E034 (9/96)