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Apr 07 1997 8:00am  
Secretary of State

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

1. Corporation Name  
**GAYLE GREEN, P.A.**

Principal Place of Business <b>6691 EAST MONTEGO BAY BOULEVARD BOCA RATON FL 33433</b>	Mailing Address <b>6691 EAST MONTEGO BAY BOULEVARD BOCA RATON FL 33433-4018</b>
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2. Principal Place of Business 21 <b>6691 Montego Bay Blvd</b>		2a. Mailing Address 26 <b>6691 Montego Bay Blvd</b>		3. Date Incorporated or Qualified <b>05/22/1995</b>	3a. Date of Last Report <b>02/23/1996</b>
Suite, Apt. #, etc. 22 <b>Unit E</b>		Suite, Apt. #, etc. 27 <b>Unit E</b>		4. FEI Number <b>65-0590793</b>	Applied For Not Applicable
City & State 23 <b>Boca Raton, FL</b>		City & State 28 <b>Boca Raton, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33433</b>	Country 25 <b>U.S.A.</b>	Zip 29 <b>33433</b>	Country 30 <b>U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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 <b>GREEN, GAYLE ESO. 6691 EAST MONTEGO BAY BOULEVARD BOCA RATON FL 33433</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) <b>6691 Montego Bay Blvd</b>	
		83 <b>Unit E</b>	
84 City <b>Boca Raton</b>		85 State <b>FL</b>	86 Zip Code <b>33433</b>

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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GREEN, GAYLE</b>		1.2 NAME	
STREET ADDRESS <b>6691 EAST MONTEGO BAY BOULEVARD</b>		1.3 STREET ADDRESS <b>6691 Montego Bay Blvd, Unit E</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		1.4 CITY-ST-ZIP <b>Boca Raton, FL 33433</b>	
TITLE <b>PVTS</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GREEN, GAYLE</b>		2.2 NAME	
STREET ADDRESS <b>6691 E MONTEGO BAY BLVD</b>		2.3 STREET ADDRESS <b>6691 Montego Bay Blvd, Unit E</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP <b>Boca Raton, FL 33433</b>	
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 3/30/97 861-362-0152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)