

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

FILED
Apr 29 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 # P95000040851 (4)
 1. Corporation Name
GAYLE GREEN, P.A.



Principal Place of Business 6691 MONTEGO BAY BLVD. UNIT E BOCA RATON FL 33433 US	Mailing Address 6691 MONTEGO BAY BLVD. UNIT E BOCA RATON FL 33433 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	6393 San Michel Way	26	6393 San Michel Way	05/22/1995		65-0590793		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Delray Beach, FL		Delray Beach, FL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
24	33484	25	US	29	33484	30	US		
Zip		Country		Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREEN, GAYLE ESQ. 691 MONTEGO BAY BLVD. UNIT E BOCA RATON FL 33433				81 Name Green, Gayle Esq.			
				82 Street Address (P.O. Box Number is Not Acceptable) 6393 San Michel Way			
				83			
				84 City Delray Beach			
				85 Zip Code FL 33484			

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: *Gayle Green* *Gayle Green* DATE: 4/13/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, GAYLE			1.2 NAME	Green, Gayle		
STREET ADDRESS	691 MONTEGO BAY BLVD., UNIT E			1.3 STREET ADDRESS	6393 San Michel Way		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Delray Beach, FL 33484		
TITLE	PVTS	<input type="checkbox"/> DELETE		2.1 TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, GAYLE			2.2 NAME	Green, Gayle		
STREET ADDRESS	6691 MONTEGO BAY, UNIT E			2.3 STREET ADDRESS	6393 San Michel Way		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Delray Beach, FL 33484		
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 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* *Gayle Green* President DATE: 4/13/98 (561) 638-1710

CR2E034 (10/97)