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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000051221 (6)

1. Corporation Name

LAW OFFICES OF GARY A. APPEL, P.A.

Principal Place of Business

2655 LE JEUNE ROAD  
SUITE 1108  
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD  
SUITE 1108  
CORAL GABLES FL 33134-5802



3. Date Incorporated or Qualified  
06/30/1995

3a. Date of Last Report  
07/18/1996

2. Principal Place of Business

21 19495 Biscayne Blvd.

2a. Mailing Address

26 19495 Biscayne Blvd

Suite, Apt. #, etc.

22 #704

Suite, Apt. #, etc.

27 #704

City & State

23 Aventura, FL

City & State

28 Aventura, FL

Zip

24 33180

Country

25 USA

Zip

29 33180

Country

30 USA

4. FEI Number  
65-0603746

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

APPEL, GARY A  
2655 LE JEUNE ROAD  
SUITE 1108  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Gary A. Appel

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

19495 Biscayne Blvd.

83

Suite 704

84 City

Aventura FL

85 Zip Code  
33180

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

3/19/97

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME APPEL, GARY A  
STREET ADDRESS 2655 LE JEUNE ROAD, SUITE 1108  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME Gary A. Appel  
1.3 STREET ADDRESS 19495 Biscayne Blvd., #704  
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0180236

CR2E034 (9/96)