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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**

21	2. Principal Place of Business 19495 Biscayne Blvd.	26	2a. Mailing Address 19495 Biscayne Blvd	4.	FEI Number 65-0603746	Applied For	
22	Suite, Apt. #, etc. #704	27	Suite, Apt. #, etc. #704	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Aventura, FL	28	City & State Aventura, FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 33180	25	Country USA	29	Zip 33180	30	Country USA

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]* (NOTE: Registered Agent Signature required when reinstating) DATE: **3/19/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL, GARY A	1.2 NAME	Gary A. Appel
STREET ADDRESS	2655 LE JEUNE ROAD, SUITE 1108	1.3 STREET ADDRESS	19495 Biscayne Blvd., #704
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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: *[Signature]* Date: **3/19/97** Daytime Phone #: **305-935-4424**

CR2E034 (9/96)