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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P95000080501 (6) DOCUMENT #

GARY CORA & ASSOCIATES, INC. Principal Place of Business Mailing Address 7378 W. ATLANTIC BLVD. 7378 W. ATLANTIC BLVD. **SUITE 276** SUITE 276 DO NOT WRITE IN THIS SPACE MARGATE FL 33083 MARGATE FL 33063 3. Date Incorporated or Qualified 10/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0622110 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GRAND, MARK S ESQ. 3440 HOLLYWOOD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 450 83 HOLLYWOOD FL 33021 84 City Zip Code 85 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 Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ TITLE 1.1 Tifle Change Addition NAME GARY, CORA 1.2 NAME % 7378 W. ATLANTIC BLVD., SUITE 276 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 14 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition THILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.4 CITY - ST - ZIP 14. Thereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on a particular annual report as required by Chapter 607, Florida Statutes; and that my name appears in

Jans

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

ORA GARY

FILED

Feb 10 1998 8:00am

Secretary of State