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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000004048 (0)

1. Corporation Name

KEVIN C. GLEASON, P.A.

Principal Place of Business

**POST OFFICE BOX 436
HOLLYWOOD FL 33022-0436**

Mailing Address

**POST OFFICE BOX 436
HOLLYWOOD FL 33022**



2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 220436	26 P.O. Box 220436
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hollywood FL	28 Hollywood FL
Zip	Zip
24 33022-0436 25	29 33022-0436 30
Country	Country

3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
4. FEI Number #58-2288139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GLEASON, KEVIN C
1430 POLK STREET
HOLLYWOOD FL 33020-5345**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GLEASON, KEVIN C	
STREET ADDRESS	POST OFFICE BOX 436	
CITY-ST-ZIP	HOLLYWOOD FL 33022-0436	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLEASON, KEVIN C.	
1.3 STREET ADDRESS	P.O. Box 220436 N/A	
1.4 CITY-ST-ZIP	Hollywood, FL 33022-0436	

TITLE		<input type="checkbox"/> DELETE
NAME		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		

2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		

3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		

4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		

5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		

6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME		

7.3 STREET ADDRESS		
7.4 CITY-ST-ZIP		

8.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8.2 NAME		

8.3 STREET ADDRESS		
8.4 CITY-ST-ZIP		

9.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9.2 NAME		

9.3 STREET ADDRESS		
9.4 CITY-ST-ZIP		

10.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10.2 NAME		

10.3 STREET ADDRESS		
10.4 CITY-ST-ZIP		

11.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME		

11.3 STREET ADDRESS		
11.4 CITY-ST-ZIP		

12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		

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:

CP2E034 (9/96)