SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600030922 (4)

1. Corporation DEBOR	AH C. GILENSON, P.A.	0030322 (4)			
					11/18
Principal Plac	e of Business	Mailing Address		{	
7476 N.W. 34TH STREET 7476 N.W. 34TH STREET					
LAUDERHILL FL 33319		LAUDERHILL FL 33319		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				· · · · · · · · · · · · · · · · · · ·	va. Date of cast neport
2. Principal Place of Business 2a. Ma		2a. Mailing Address		04/08/1996 4. FEI Number	_ Applied For
21		26		45-04564	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid	7,10000 10 1 001
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regi	
CH	ASE, ALAN R		81 Name		
9400 S. DADELAND		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 600					<u> </u>
MIA	MI FL 33156		83		
			84 City		85 Zip Code
44 Durement	to the provisions of Sections 507 050	12 and CO7 1EO9 Florida Ctalute	a dha ahaya asaaad asaa		FL 65 Zip Code
Office of r	egistered agent, or both, in the State	e of Florida. Such change was a	luthorized by the corporati	oration submits this statement for the pur ion's board of directors. I hereby accept	the appointment as registered the
•	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.		-
SIGNATURE	Signature, typed or printed name of registered ag-	ont and title if applicable (NOTE	: Registered Agent signature require	ed when reinstatino)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILENSON, DEBORAH C		1.2 NAME		
STREET ADDRESS	7476 N.W. 34TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319	Douere	1.4 CHY-ST-ZIP		
TITLE		DELETE	2.1 THLE		☐ Change ☐ Addition
NAME CARLET ARRESCO			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		***	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S7-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	······································		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		`
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		Change Addition
NAME		[] Detect	6.1 TITLE 6.2 NAME		☐ Onange ☐ Atto/floft
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			1		
	y cartify that the information execution	and the second second second	64 CITY-ST-ZIP	. D: 440.07/01/01/01 / 1. 01 / 1.	

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.