

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S27312** (5)

1. Corporation Name
SIDNEY GURSEY, P.A.

Principal Place of Business: **6636 NORTHWEST 57TH STREET TAMARAC FL 33319**
Mailing Address: **6636 NORTHWEST 57TH STREET TAMARAC FL 33319**

APPROVED
SEM 11 11 1994
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Inc. Incorporated or Qualified 01/24/1991		3a. Date of Last Report 08/23/1994	
4. F.I.I. Number 65-0239813		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 admissible tax under 6-1034 (1992) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GURSEY, SIDNEY 6616 N.W. 96TH TERRACE TAMARAC FL 33319				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. I, the undersigned, in the presence of Sections 607.0602 and 607.1508, Florida Statutes, do hereby certify that the corporation has authorized this statement for the purpose of changing its registered office and 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 aware of and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PST GURSEY, SIDNEY 6616 N.W. 96TH TERRACE TAMARAC FL	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GURSEY, SIDNEY 6616 N.W. 96TH TERRACE TAMARAC FL	2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY		4. CITY	
STATE		5. STATE	
ZIP CODE		6. ZIP CODE	
DATE		7. DATE	
OFFICER		8. OFFICER	
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY		11. CITY	
STATE		12. STATE	
ZIP CODE		13. ZIP CODE	
DATE		14. DATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and clearly and equally for the corporation stated in Sections 607.0602, Florida Statutes. I further certify that the information included on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect and might under laws that take an effect or change of the corporation or the manner or trustee empowered to carry out this report as required by Chapter 1017, Florida Statutes, and that my name appears on Block 1, of Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Sidney Gursey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR