

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

FILED

Jan 14 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 # **S83418** (1)

1. Corporation Name  
**SOUTHGATE CONSULTING CORPORATION**



Principal Place of Business Mailing Address  
C/O JOEL RAPPAPORT & CO PA  
9770 BAYMEADOWS RD., SUITE 133  
JACKSONVILLE FL 32256-7985  
US  
C/O JOEL RAPPAPORT & COMPANY, PA  
9770 BAYMEADOWS RD., SUITE 133  
JACKSONVILLE FL 32256-0104  
US

3. Date Incorporated or Qualified **09/27/1991** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **59-3085048** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**MOORER, DONNA B.  
1300 GULF LIFE DRIVE  
SUITE 800  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name ~~JOEL RAPPAPORT~~  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 ~~9770 BAYMEADOWS RD. #133~~  
84 City ~~JACKSONVILLE~~ FL 85 Zip Code ~~32256~~

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RICHMAN, HERBERT J.</b>			1.2 NAME			
STREET ADDRESS	<b>12480 MALLET CIRCLE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RAPPAPORT, JOEL</b>			2.2 NAME			
STREET ADDRESS	<b>9770 BAYMEADOWS RD. #133</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RICHMAN, MICHAEL</b>			3.2 NAME			
STREET ADDRESS	<b>12 ALICE ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BEDFORD CORNERS NY</b>			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 unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-642-6600

CR2E034 (9/96)