
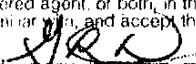
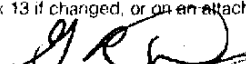


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 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 # V52762 (4) 1. Corporation Name DOUGLAS & GOROWAY, P.A.																													
Principal Place of Business 7198 TAFT ST HOLLYWOOD FL 33024			Mailing Address 7198 TAFT ST HOLLYWOOD FL 33024-3657																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/23/1992																									
				3a. Date of Last Report 03/19/1996																									
				4. FEI Number 65-0348521																									
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
9. Name and Address of Current Registered Agent DOUGLAS, GARY R. 7198 TAFT ST HOLLYWOOD FL 33024			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:  GARY DOUGLAS DATE: 4/28/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width:50%;"> D <input type="checkbox"/> DELETE GOROWAY, DAVID DR 7198 TAFT ST HOLLYWOOD FL </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> D <input type="checkbox"/> DELETE DOUGLAS, GARY R DR 7198 TAFT ST HOLLYWOOD FL </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> <input type="checkbox"/> DELETE </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE GOROWAY, DAVID DR 7198 TAFT ST HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE DOUGLAS, GARY R DR 7198 TAFT ST HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  GARY DOUGLAS DATE: 4/28/97 DAYTIME PHONE: 954 981 7198 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													



CR2E034 (9/96)