

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 189966 (5)

1. Corporation Name  
**S. GARTNER & CO.**



Principal Place of Business: 1249 W. DUVAL ST. P.O. BOX 2204 JACKSONVILLE FL 32203  
Mailing Address: 1249 W. DUVAL ST. P.O. BOX 2204 JACKSONVILLE FL 32203

3. Date Incorporated or Qualified: 12/31/1955  
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 32204 Country: 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 32203 Country: 29 30

4. FEI Number: 59-0780277  
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

9. Name and Address of Current Registered Agent  
**GARTNER, SAMUEL  
1249 W DUVAL  
JACKSONVILLE FL 32204**

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 607.1506, 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: *GARTNER, SAMUEL* *Chairman Board* 3/1/96  
(NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
PD	GARTNER, BRIAN L	1249 W DUVAL	JACKSONVILLE, FL 00000	
CD	GARTNER, SAMUEL	1249 W DUVAL	JACKSONVILLE, FL 00000	
VD	GARTNER, HARVEY J	1249 WEST DUVAL	JACKSONVILLE, FL 00000	
T	GINSBERG, LINDA G (ASST)	1249 WEST DUVAL	JACKSONVILLE, FL 00000	
STD	GARTNER, CLARA M.	1249 WEST DUVAL	JACKSONVILLE, FL 00000	
S	WATZMAN, KAREN G (ASST)	1249 WEST DUVAL	JACKSONVILLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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: *Samuel Gartner* 3/1/96 (904) 356 5843  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)