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Feb 03 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 # 189966 (5)
1. Corporation Name
S. GARTNER & CO.



Principal Place of Business: 1249 W. DUVAL ST. P.O. BOX 2204 JACKSONVILLE FL 32204 US
Mailing Address: 1249 W. DUVAL ST. P.O. BOX 2204 JACKSONVILLE FL 32203-2204 US

3. Date Incorporated or Qualified: 12/31/1955
3a. Date of Last Report: 03/06/1996
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

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

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 607.1508, 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	PD GARTNER, BRIAN L 1249 W DUVAL JACKSONVILLE, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTNER, BRIAN L	1.2 NAME	
STREET ADDRESS	1249 W DUVAL	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CD GARTNER, SAMUEL 1249 W DUVAL JACKSONVILLE, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTNER, SAMUEL	2.2 NAME	
STREET ADDRESS	1249 W DUVAL	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD GARTNER, HARVEY J 1249 WEST DUVAL JACKSONVILLE, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTNER, HARVEY J	3.2 NAME	
STREET ADDRESS	1249 WEST DUVAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TJ GINSBERG, LINDA G (ASST) 1249 WEST DUVAL JACKSONVILLE, FL 00000	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, LINDA G (ASST)	4.2 NAME	
STREET ADDRESS	1249 WEST DUVAL	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	STD GARTNER, CLARA M. 1249 WEST DUVAL JACKSONVILLE, FL 00000	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTNER, CLARA M.	5.2 NAME	
STREET ADDRESS	1249 WEST DUVAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD WATZMAN, KAREN G (ASST) 1249 WEST DUVAL JACKSONVILLE, FL 00000	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATZMAN, KAREN G (ASST)	6.2 NAME	
STREET ADDRESS	1249 WEST DUVAL	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	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 if changed, or on an attachment with an address.

SIGNATURE: *Brian L Gartner* 1/24/97 (904) 356-5593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)