

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1955	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-0780277	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GARTNER, SAMUEL
1249 W DUVAL
JACKSONVILLE FL 32204

81 Name
CLARA M. GARTNER
 82 Street Address (P.O. Box Number is Not Acceptable)
1249 W. Duval St.
 84 City
Jacksonville, Fla FL 85 Zip Code
32204

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 Clara M. Gartner DATE Jan 14, 1998
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 T	<input type="checkbox"/> DELETE	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 CSTD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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 S	<input type="checkbox"/> DELETE	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 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: Clara M. Gartner (CLARA M. GARTNER) 1/14/98 (904) 350-5543
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0043443

CR2E034 (10/97)