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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90146 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 189966

1. Corporation Name
S. GARTNER & CO., INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1955

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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent

GARTNER, CLARA
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	CSTD <input type="checkbox"/> DELETE	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 32204	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, with all other like empowered.

SIGNATURE: Clara Gartner REQUIRED 1/4/99 (904) 356-5343
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)