

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **601864** (2)

1. Corporation Name
NASON, GILDAN, YEAGER, GERSON & WHITE, P.A.



Principal Place of Business: **1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH FL 33401**
Mailing Address: **1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH FL 33401**

3. Date Incorporated or Qualified: **12/31/1969**
3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

21. Suite, Apt. #, etc.
26. Suite, Apt. #, etc.

22. City & State
27. City & State

23. Zip Country
28. Zip Country

24. Zip Country
25. Country
29. Zip Country
30. Country

4. FEI Number: **59-1280063**
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
**GILDAN, HERBERT L
520 OVERLOOK DR
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ (PRINT: Registered Agent's name and address when registered) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	GILDAN, HERBERT L	
STREET ADDRESS	520 OVERLOOK DR	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YEAGER, THOMAS J	
STREET ADDRESS	116 PEGASUS DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERSON, GARY	
STREET ADDRESS	2035 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	WHITE II., JOHN	
STREET ADDRESS	1645 PALM BCH LAKES 1200	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	GILDAN, PHILIP C	
STREET ADDRESS	1645 PALM BCH LKS	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 attaching sheet with an address.

SIGNATURE: *[Signature]* **V.P.** **2/23/96** **407 686-3307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)