

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

FILED
May 16 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 # 601864 (2)

1. Corporation Name
~~NASON, GILDAN, YEAGER, GERSON & WHITE, P.A.~~
 NASON, YEAGER, GERSON, WHITE & LIOCE, 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 33401-2285

3. Date Incorporated or Qualified: 12/31/1969

3a. Date of Last Report: 02/27/1996

4. FEI Number: 59-1280063

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 (21-23)

2a. Mailing Address (26-30)

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: **John White II**
 82 Street Address: **1645 Palm Beach Lakes Boulevard**
 83 Suite: **Suite 1200**
 84 City: **West Palm Beach** FL 85 Zip Code: **33401**

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: *John White II* DATE: 4/16/97

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" 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	118 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 checked="" type="checkbox"/> DELETE
NAME	GILDAN, PHILIP G	
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	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alan I. Armour II	
1.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., Suite 1200	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800002195848	
2.3 STREET ADDRESS	05/30/97--01034--013	
2.4 CITY-ST-ZIP	***165.00	
3.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gary N. Gerson	
3.3 STREET ADDRESS	2035 Embassy Drive	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
4.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John White II	
4.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., Suite 1200	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Domenick R. Lioce	
5.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., Suite 1200	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
6.1 TITLE	D/AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mark A. Pachman	
6.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., Suite 1200	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401	

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: *John White II* John White II 04/16/97 (561) 686-3307

CR2E034 (9/96)

5-16-97