FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:16

DOCUMENT # 601864 (2)

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1969
3a. Date of Last Report: 04/22/1994

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

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 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 _____ DATE
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	STD	1.1 TITLE		☐ Change ☐ Addition
NAME	GILDAN, HERBERT L	1.2 NAME		
STREET ADDRESS	520 OVERLOOK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	YEAGER, THOMAS J	2.2 NAME		
STREET ADDRESS	116 PEGASUS DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	GERSON, GARY	3.2 NAME	Gerson, Gary	
STREET ADDRESS	2035 EMBASSY DR	3.3 STREET ADDRESS	2035 Embassy Dr.	
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	West Palm Bch., FL	
TITLE	DAS	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE II., JOHN	4.2 NAME		
STREET ADDRESS	1645 PALM BCH LAKES 1200	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH. FL	4.4 CITY-ST-ZIP		
TITLE	DAS	5.1 TITLE		☐ Change ☐ Addition
NAME	GILDAN, PHILIP C	5.2 NAME		
STREET ADDRESS	1645 PALM BCH LKS	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 2/3/95 (407) 686-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242004 CP