

4-30-97 B-5899 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 250047 (8)
1. Corporation Name
GORDON ATLANTIC, INC.

Principal Place of Business 1005 ISLAND MANOR DR WEST PALM BEACH FL 33413 US	Mailing Address 1005 ISLAND MANOR DR WEST PALM BEACH FL 33413-2002 US
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2. Principal Place of Business 21 2867 ASHLEY DR W. #D Suite, Apt #, etc. #D City & State WEST PALM BEACH, FL Zip 33415 Country US		2a. Mailing Address 26 2867 ASHLEY DR W. Suite, Apt #, etc. #D City & State WEST PALM BEACH, FL Zip 33415 Country US		3. Date Incorporated or Qualified 08/07/1961	3a. Date of Last Report 05/02/1996
				4. FEI Number 59-0972981	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GORDON, MILTON A. 1005 ISLAND MANOR DR WEST PALM BEACH FL 33413 FL. 33415		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD GORDON, HENRY L 10 SUNSET LANE POMPANO BEACH, FL 00000- CITY-ST-ZIP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	21R33062
TITLE	PD GORDON, MILTON A. 1005 ISLAND MANOR DR WEST PALM BEACH FL CITY-ST-ZIP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	GORDON, MILTON A. 2867 ASHLEY DR. W. #D
STREET ADDRESS		2.3 STREET ADDRESS	WEST PALM BEACH, FL 33415
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VT GORDON, HENRY L 10 SUNSET LANE POMPANO BEACH, FL 00000- CITY-ST-ZIP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ZIP= 33062
TITLE	V GORDON, BRUCE A 777 CLAYTON SAN FRANCISCO, CA 00000 CITY-ST-ZIP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ZIP 94117
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: Milton A. Gordon MILTON A. GORDON 4/23/97 561/641-2079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)