

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

FILED

May 16 1997 8:00am  
Secretary of State

|                                             |                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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<br>1645 PALM BCH LKS BLVD<br>SUITE 1200<br>WEST PALM BCH FL 33401 | Mailing Address<br>1645 PALM BCH LKS BLVD<br>SUITE 1200<br>WEST PALM BCH FL 33401-2285 |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|



|                                |  |                       |  |                                                                                    |  |                                                                                                                                                             |  |
|--------------------------------|--|-----------------------|--|------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br>12/31/1969                                    |  | 3a. Date of Last Report<br>02/27/1996                                                                                                                       |  |
| 21 Suite, Apt #, etc.          |  | 26 Suite, Apt #, etc. |  | 4. FEI Number<br>59-1280063                                                        |  | Applied For<br>Not Applicable                                                                                                                               |  |
| 22 City & State                |  | 27 City & State       |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required                                                                                                                              |  |
| 23 Zip                         |  | 28 Zip                |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees                                                                                                                                 |  |
| 24 Country                     |  | 29 Country            |  | 30                                                                                 |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                                                                      |  |  |  |                                                                                          |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br>GILDAN, HERBERT L<br>520 OVERLOOK DR<br>NORTH PALM BEACH FL 33408 |  |  |  | 10. Name and Address of New Registered Agent                                             |  |  |  |
|                                                                                                                      |  |  |  | 81 Name<br>John White II                                                                 |  |  |  |
|                                                                                                                      |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>1645 Palm Beach Lakes Boulevard |  |  |  |
|                                                                                                                      |  |  |  | 83 Suite 1200                                                                            |  |  |  |
|                                                                                                                      |  |  |  | 84 City<br>West Palm Beach FL 85 Zip Code<br>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* (NOTE: Registered Agent signature required when reinstating) DATE 4/16/97

|                            |                          |                                            |  |                                                       |                                         |                                                                              |  |
|----------------------------|--------------------------|--------------------------------------------|--|-------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                          |                                            |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                         |                                                                              |  |
| TITLE                      | STD                      | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE                                             | D/AS                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | GILDAN, HERBERT L        |                                            |  | 1.2 NAME                                              | Alan I. Armour II                       |                                                                              |  |
| STREET ADDRESS             | 520 OVERLOOK DR          |                                            |  | 1.3 STREET ADDRESS                                    | 1645 Palm Beach Lakes Blvd., Suite 1200 |                                                                              |  |
| CITY-ST-ZIP                | NORTH PALM BEACH FL      |                                            |  | 1.4 CITY-ST-ZIP                                       | West Palm Beach, FL 33401               |                                                                              |  |
| TITLE                      | PD                       | <input type="checkbox"/> DELETE            |  | 2.1 TITLE                                             |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | YEAGER, THOMAS J         |                                            |  | 2.2 NAME                                              | 800002195848                            |                                                                              |  |
| STREET ADDRESS             | 118 PEGASUS DR.          |                                            |  | 2.3 STREET ADDRESS                                    | 05/30/97-01034-013                      |                                                                              |  |
| CITY-ST-ZIP                | JUPITER FL               |                                            |  | 2.4 CITY-ST-ZIP                                       | ***165.00                               |                                                                              |  |
| TITLE                      | D                        | <input type="checkbox"/> DELETE            |  | 3.1 TITLE                                             | D/VP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | GERSON, GARY             |                                            |  | 3.2 NAME                                              | Gary N. Gerson                          |                                                                              |  |
| STREET ADDRESS             | 2035 EMBASSY DR          |                                            |  | 3.3 STREET ADDRESS                                    | 2035 Embassy Drive                      |                                                                              |  |
| CITY-ST-ZIP                | WEST PALM BCH. FL        |                                            |  | 3.4 CITY-ST-ZIP                                       | West Palm Beach, FL 33401               |                                                                              |  |
| TITLE                      | DAS                      | <input type="checkbox"/> DELETE            |  | 4.1 TITLE                                             | D/S                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | WHITE II, JOHN           |                                            |  | 4.2 NAME                                              | John White II                           |                                                                              |  |
| STREET ADDRESS             | 1645 PALM BCH LAKES 1200 |                                            |  | 4.3 STREET ADDRESS                                    | 1645 Palm Beach Lakes Blvd., Suite 1200 |                                                                              |  |
| CITY-ST-ZIP                | WEST PALM BCH. FL        |                                            |  | 4.4 CITY-ST-ZIP                                       | West Palm Beach, FL 33401               |                                                                              |  |
| TITLE                      | DAS                      | <input checked="" type="checkbox"/> DELETE |  | 5.1 TITLE                                             | D/T                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | GILDAN, PHILIP C         |                                            |  | 5.2 NAME                                              | Domenick R. Lioce                       |                                                                              |  |
| STREET ADDRESS             | 1645 PALM BCH LKS        |                                            |  | 5.3 STREET ADDRESS                                    | 1645 Palm Beach Lakes Blvd., Suite 1200 |                                                                              |  |
| CITY-ST-ZIP                | W PALM BCH FL            |                                            |  | 5.4 CITY-ST-ZIP                                       | West Palm Beach, FL 33401               |                                                                              |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 6.1 TITLE                                             | D/AVP                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                          |                                            |  | 6.2 NAME                                              | Mark A. Pachman                         |                                                                              |  |
| STREET ADDRESS             |                          |                                            |  | 6.3 STREET ADDRESS                                    | 1645 Palm Beach Lakes Blvd., Suite 1200 |                                                                              |  |
| CITY-ST-ZIP                |                          |                                            |  | 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

5-16-97