

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **468104** (5)

1. Corporation Name
CLYDE GAYLE & ASSOCIATES, INC.



Principal Place of Business: **2000 N FL MANGO RD/SUITE 103 W.PALM BCH. FL 33409**
Mailing Address: **2000 N FL MANGO RD/SUITE 103 W.PALM BCH. FL 33409**

3. Date Incorporated or Qualified: **12/31/1974** 3a. Date of Last Period: **02/10/1995**

21. Principal Place of Business	2a. Mailing Address	4. FBI Number: 59-1594415	Applied For: <input type="checkbox"/> Not Applicable
22. State, Apt. #, etc.	27. State, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROBERG, JR., GUSTAVE T. 223 PERUMAN AVENUE PALM BEACH FL 33480		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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE, DENNIS M	2. NAME	
STREET ADDRESS	233 BALTUSROL DRIVE	3. STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL	4. CITY-STATE-ZIP	
TITLE	PT	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE, CLYDE G	6. NAME	
STREET ADDRESS	7176 SOUTHEAST SEAGATE DRIVE	7. STREET ADDRESS	
CITY-STATE-ZIP	STUART FL	8. CITY-STATE-ZIP	
TITLE	DS	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE, ELIZABETH	10. NAME	
STREET ADDRESS	7176 SOUTHEAST SEAGATE DRIVE	11. STREET ADDRESS	
CITY-STATE-ZIP	STUART FL	12. CITY-STATE-ZIP	
TITLE	D	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLE, CLYDE G	14. NAME	
STREET ADDRESS	7176 SOUTHEAST SEAGATE DRIVE	15. STREET ADDRESS	
CITY-STATE-ZIP	STUART FL	16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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 attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/12/96** 407-478-0295

CR2E034 (12/95)