

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

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MAY - 1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Maxwell
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479251 (1)

1. Corporation Name

SYBIL-YVONNE GILLMAN ASSOCIATES, INC.

Principal Place of Business

1535 N.E. 123RD ST.
N. MIAMI FL 33161

Mailing Address

1535 N.E. 123RD ST.
N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1975

3a. Date of Last Report
04/13/1994

4. FEI Number
59-1615096

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

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

22

State, Apt. # etc.

27

City & State

23

City & State

28

24

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLMAN, SYBIL-YVONNE
13080 CORONADO TERRACE
N. MIAMI FL 33181

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 607.02(5) 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

Signature of Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

14. Name

15. Title

16. Street Address

17. City, State, Zip

PSD
GILLMAN, SYBIL-YVONNE
1535 N E 123RD ST
N MIAMI, FL 0

18. Name

19. Title

20. Street Address

21. City, State, Zip

☐ Change ☐ Addition

22. Name

23. Title

24. Street Address

25. City, State, Zip

☐ Change ☐ Addition

26. Name

27. Title

28. Street Address

29. City, State, Zip

☐ Change ☐ Addition

30. Name

31. Title

32. Street Address

33. City, State, Zip

☐ Change ☐ Addition

34. Name

35. Title

36. Street Address

37. City, State, Zip

☐ Change ☐ Addition

38. Name

39. Title

40. Street Address

41. City, State, Zip

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.17(4)(b) Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report as 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 officer 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 it changed, or on an attachment with an address.

SIGNATURE:

Sybil Yvonne Gillman
SYBIL-YVONNE GILLMAN

April 26, 1995

305-893-2655
(Telephone Area 2)