


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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 479251 (1)

1. Corporation Name
SYBIL-YVONNE GILLMAN ASSOCIATES, INC.

Principal Place of Business 1535 N.E. 123RD ST. N. MIAMI FL 33161 13080 CORONADO TERRACE NO. MIAMI FLA 33181	Mailing Address 1535 N.E. 123RD ST. N. MIAMI FL 33161 13080 CORONADO TERR. NO MIAMI FLA 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 07/14/1975	
21		25		4. FEI Number 59-1615096	
22		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GILLMAN, SYBIL-YVONNE 13080 CORONADO TERRACE N. MIAMI FL 33181				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GILLMAN, SYBIL-YVONNE 1535 N.E. 123RD ST. 13080 CORONADO TERRACE N MIAMI, FL 0 33181	13. 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I 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:

Sybil Yvonne Gillman 2/17/98 (205) 893-2655

CR2E034 (10/97)