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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	GORMLEY & ASSOCIATES,	Mailing Address	ACE			
4254	WINDEMERE PL.	SARASOTA FL 34231 US			3 Data because to discovered 120 0	
	RASUTA. PLA 34231				02/03/1976	ate of Last Report 03/21/1995
2. Principal Pla 21	ce of Business	28. Mailing Address			4. FEI Number 59-1644328	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Election Campaign Financing	Fee Required \$5.00 May Be
23	Country	28	Country		Trust Fund Contribution	Added to Fees
24	25	29	30		8. This corporation has liability for intangible Florida Statutes Yes No	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registers	d Agent
GORMLEY, RICHARD			82		ess (P.O. Box Number is Not Acceptable)	*****
	NDEMERE PLACE TA FL 34231		83		135 (1.5. Dox Hairbox S Hot Acceptable)	
ONINOU	TATE OFECT					
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		84	City	F	L 85 Zip Code
SIGNATURE s	ly where typed or piloted have all registered agent OFFICERS AND	and title if anywheathe (NO	1E Registered Agent		ation submits this statement for the purpose of did of directors. Thereby accept the appointment when reinstaing! ADDITIONS/CHANGES TO OFFICERS A	
[III_f	PD Gormley, Richard W.	□ DELFTE	1 STITLE			☐ Change ☐ Addition
STHEF! AUDRESS	4284 WINDEMERE PLACE		1.2 NAME 1.3 STREET A	ADDRESS		
Cli⊀ St Zlp	SARASOTA, FL 00000		1.4 C1TY-ST	- ZIP		
NAME SUBELL ADDRESS	GORMLEY, DEAN A. 4284 WINDEMERE PLACE SARASOTA FL	☐ DETELE	2 1 TITLE 22 NAME 23 SIREET A	add h ess		Change Addition
CHY ST-ZP THE	JANAGOTA FL	DECETE	2 4 CITY - ST - ZIP 3 1 TITLE			Change Addition
NAME			3.2 NAME			Ell a miles El secutori
STREET ADDRESS	·		33 STREET.			
DUTE CHAPSTANA				- 111		Cnange Addition
NAME Date Labbrace			4 2 NAME			
STREET ADDRESS ONY ST. ZIP			4 3 STREET A	- 1		
TITLE		☐ DELETE	5 1 TITLE		***	Change Addition
NAME STREET AUDRESS			5.2 NAME 5.3 STREET A	Anness		
CITY ST 7P			5 4 CITY-ST			
LILE		DELETE	6 1 TITLE			Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET A	NDDRESS		
CHY-ST ZIF		· 	6.4 CITY - ST	- ZIP		
certify that to eath, that I	the information indicated on this annu	al report or supplemental anni ration or the receiver or trusted in an attachment with an addr	ual report is true e empowered to ess.	e and accurate bexecute this	r the exemption stated in Section 119.07(3)(k). I e and that my signature shall have the same leg report as required by Chapter 607, Florida Stat	at offect se if made under
SIGNAT	URE: Mishelly SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	DW GU/	rmusy	1/18/96 (941) 924-2107 Degine Phone