

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 10:16

DOCUMENT # 601864 (2)

1. Corporation Name

NASON, GILDAN, YEAGER, GERSON & WHITE, P.A.

Principal Place of Business

**1645 PALM BCH LKS BLVD
SUITE 1200
WEST PALM BCH FL 33401**

Mailing Address

**1645 PALM BCH LKS BLVD
SUITE 1200
WEST PALM BCH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1969

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1280063

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

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GILDAN, HERBERT L
520 OVERLOOK DR
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
GILDAN, HERBERT L
520 OVERLOOK DR
NORTH PALM BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
YEAGER, THOMAS J
116 PEGASUS DR.
JUPITER FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
GERSON, GARY
2035 EMBASSY DR
WEST PALM BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DAS
WHITE II, JOHN
1645 PALM BCH LAKES 1200
WEST PALM BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DAS
GILDAN, PHILIP C
1645 PALM BCH LKS
W PALM BCH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Director
Gerson, Gary
2035 Embassy Dr.
West Palm Bch., FL**

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 110.07(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 sole owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or (Block) and changed, or given attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/95
Date

(407) 686-3307
Telephone