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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 630864

(7)

PAUL N. GARDNER COMPANY, INC.

FILED Jan 15 1997 8:00am Secretary of State



Principal Prace of Business Mailing Address 318 NE FIRST STREET 316 NE FIRST STREET POMPANO BEACH FL 33080 POMPANO BEACH FL 33080-8608					-				
						3. Date Incorporated or Qualified 07/26/1979		of Last F /1996	leport
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEI Number 59-1928531	<u></u>	A	pplied For ot Applicable
Suite, Apt	#, elc	Suite Apt. #, etc.				5. Certificate of Status Desired			
City & Stat	le	City & State	<u></u>			Election Campaign Financing Trust Fund Contribution			May Be to Fees
<u>Ζ</u> ιρ 24	Zip Country Zip		Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24]	9 Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
GAE	RONER, PAUL N. J	<u>v</u>		81	Name				
234	2 DEER CREEK TRAIL			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
DEE	RFIELD BEACH FL 33442			83					
				84	City		FL	85 Zip	Code
SIGNATURE 12. TIILE	Superior special results and encounted age OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	(NO1t.: Registered 13.		nt signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND (DIRECTO	RS IN 12
NAME STREET ADDRESS	GARDNER, PAUL N. J	_	1,2 NA	ME	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 Ci						
TITLE	ST			2 1 TITLE				Change	Addition
NAMé	LANDON, SANDRA		2.2 NA	AME	}				
STREET ADDRESS	328 N. OCEAN BLVD. #1102		23 ST	REET	ADDRESS				
CITY-ST-ZP	POMPANO BEACH FL	D breeze	2. 4 CI		ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Channe	Adalitan
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NAME STREET ADDRESS	GARDNER, ARDIS C 1725 SE 19TH AVE				ADDRESS	,			
CITY+ST-7IP	POMPANO BCH., FL 00000		34 CI						
TITLE		DELETE	4110	_				Change	Addition
NAMÉ			4 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY ST-7/F			4.4 Cl		T-ZIP		·····	7	
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NAME		•	5.2 NA		1000100				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP TITUE		DELETE	54 CF		1-ZIP			Change	Addition
NAME			6.2 NA		Ì		_		
STREET ADDRESS			4		ADDRESS				
CITY-ST-ZIF					SI-ZIP				
	thy certify that the information supplied	a with this filing does not a				d in Section 119.07(3)(i), Florida Statute	s. I further o	ertify the	t the

I do norchy certify that the information supplied with this tiling does not gainly for the exemption stated in Section 119.07(3)(i), Fronda statutes. Further certify that the information indicated on this annual report or supply emental 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