

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F08450** (1)

1. Corporation Name
BILL GORDON & ASSOCIATES, INC.



Principal Place of Business: **344 MELROSE LANDING BLVD P O BOX 1759 MELROSE FL 32666-1759 US**

Mailing Address: **344 MELROSE LANDING BLVD P O BOX 1759 MELROSE FL 32666-1759 US**

3. Date Incorporated or Qualified: **12/09/1980**

3a. Date of Last Report: **03/10/1995**

4. FEI Number: **59-2050361**

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 (21-23)

2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
**GORDON, WILLIAM
344 MELROSE LANDING BLVD.
MELROSE FL 32666**

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** DELETE

2. NAME: **GORDON, WILLIAM T**

3. STREET ADDRESS: **334 MELROSE LDG BV**

4. CITY-ST-ZIP: **MELROSE FL**

5. TITLE: **D** DELETE

6. NAME: **WASHKO, ROSE**

7. STREET ADDRESS: **334 MELROSE LDG BV**

8. CITY-ST-ZIP: **MELROSE FL**

9. TITLE: DELETE

10. NAME: _____

11. TITLE: DELETE

12. NAME: _____

13. STREET ADDRESS: _____

14. CITY-ST-ZIP: _____

15. TITLE: DELETE

16. NAME: _____

17. STREET ADDRESS: _____

18. CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. NAME: _____

3. STREET ADDRESS: _____

4. CITY-ST-ZIP: _____

5. TITLE: Change Addition

6. NAME: _____

7. STREET ADDRESS: _____

8. CITY-ST-ZIP: _____

9. TITLE: Change Addition

10. NAME: _____

11. STREET ADDRESS: _____

12. CITY-ST-ZIP: _____

13. TITLE: Change Addition

14. NAME: _____

15. STREET ADDRESS: _____

16. CITY-ST-ZIP: _____

17. TITLE: Change Addition

18. NAME: _____

19. STREET ADDRESS: _____

20. CITY-ST-ZIP: _____

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 119.07(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 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: _____ DATE: **3-12-96** ³⁵² **475-1766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)