**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000953 (0)**

1. Corporation Name

**GILMAN & CIOCIA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 475 NORTHERN BLVD.<br>GREAT NECK NY 11021 | 475 NORTHERN BLVD.<br>GREAT NECK NY 11021 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 03/08/1993 | 02/15/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: 11-2587324 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| O'KEEFE, KERRY<br>1499 W. PALMETTO PARK, SUTIE 214<br>BOCA RATON FL 33486 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, Typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when mail-in)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PCD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CIOCIA, JAMES | 12 NAME | |
| STREET ADDRESS | 475 NORTHERN BLVD | 13 STREET ADDRESS | |
| CITY ST ZIP | GREAT NECK NY 11021 | 14 CITY ST ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | TRAVIS, KATHRYN | 22 NAME | |
| STREET ADDRESS | 475 NORTHERN BLVD | 23 STREET ADDRESS | |
| CITY ST ZIP | GREAT NECK NY 11021 | 24 CITY ST ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BESMER, GARY | 32 NAME | |
| STREET ADDRESS | 475 NORTHERN BLVD | 33 STREET ADDRESS | |
| CITY ST ZIP | GREAT NECK NY 11021 | 34 CITY ST ZIP | |
| TITLE | SD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | POVINELLI, THOMAS | 42 NAME | |
| STREET ADDRESS | 475 NORTHERN BLVD | 43 STREET ADDRESS | |
| CITY ST ZIP | GREAT NECK NY 11021 | 44 CITY ST ZIP | |
| TITLE | TCD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | CIOCIA, JAMES | 52 NAME | |
| STREET ADDRESS | 475 NORTHERN BLVD | 53 STREET ADDRESS | |
| CITY ST ZIP | GREAT NECK NY 11021 | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE C | ☐ Change ☒ Addition |
| NAME | | 62 NAME RALPH ESPOSITO | |
| STREET ADDRESS | | 63 STREET ADDRESS 475 Northern Blvd. | |
| CITY ST ZIP | | 64 CITY ST ZIP Great Neck, NY 11021 | |

CR2E094 (3/95)

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)(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:** _____ CFO 6-27-95 (561) 482-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174006 FP