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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LION

101

THE GRESSMAN GROUP, INC. Trincipal Place of Business ONE HARBOUR PL. P.O.BOX 3239 TAMPA FL 33601	Mailing Address ONE HARBOUR PL. P.O.BOX 3239 TAMPA FL 33601-3239	Address della si		
			3. Date Incorporated or Qualified 11/01/1985	3a. Date of Last Report 02/13/1996
Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-2600170	Applied For Not Applica
Suite. Apt. # etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Z(p	Country 30	8. This corporation has liability for	
9. Name and Address of Curre		[30]	10. Name and Address of New Re	
MARLOWE, STEPHEN D.		81 Name		
ONE HARBOUR PL.,4TH FL.		62 Street Add	Iress (P.O. Box Number is Not Accepta	able)
TAMPA FL 33802		Ĺ <u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		83		
		84 City		FL 85 Zip Code
office or registered agent or both, in the State	le of Florida. Such change was a	suthorized by the corporal	poration submits this statement for the lition's board of directors. I hereby acce	ept the appointment as registere
Pursuant to the provisions of Sections 607.05 office or registered agent or both, in the State agent it am familiar with and accept the oblig SIGNATURE Sity other, typid or prince name of registered agent. OFFICERS AN	gent and title if applicable. (NOT	E Registered Agent signature requi	red when reinstating)	DATE
GNATURE Signature, typed or pricted name of registered ago. PERCERS AN				DATE
Signature: Signature, typed or prefect name of registered ago. PSD GRESSMAN, BERT A.	gent and title if applicable. (NOTI ND DIRECTORS	E Registered Agent signature requi	red when reinstating)	DATE ICERS AND DIRECTORS IN 12
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BEET A. GRESSMAN

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Mar 31 1997 8:00am

Secretary of State