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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H86469

(4)

1. Corporation Name

GILDER & GILDER, INC.

Principal Place of Business

1095 JUPITER PK DR
#4
JUPITER FL 33458
US

Mailing Address

124 S. HAMPTON DR.
SUITE B
JUPITER FL 33458-0103
US

3. Date Incorporated or Qualified
11/21/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1095 JUPITER PK DR. #5

2a. Mailing Address

26 1095 JUPITER PK DR. #5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 JUPITER, FL.

27 JUPITER, FL.

City & State

City & State

23

28

Zip 33458

Country U.S.

Zip 33458

Country U.S.

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9. Name and Address of Current Registered Agent

GILDER, LARRY
124 S. HAMPTON DR.
JUPITER FL 33458

10. Name and Address of New Registered Agent

61 Name

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

63

64 City

FL

65 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P

NAME GILDER, LARRY
STREET ADDRESS 124 S. HAMPTON DR.
CITY-ST-ZIP JUPITER FL

TITLE VP

NAME GILDER, MARILUE
STREET ADDRESS 124 S HAMPTON DR.
CITY-ST-ZIP JUPITER FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing 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: MARILUE GILDER *Marilue Gilder* 5-16-97 361-747-2659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)