FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61066 (3)

1. Corporation Name
JAMES S. GILMAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 831026 MIAMI FL 33283-8066	P.O. BOX 831026 MIAMI FL 33283-8066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1987
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21 8740 SW 82 St
Suite, Apt. #, etc. 22
City & State 23 Miami FL
Zip 24 33173-4126 Country 25 USA

2a. Mailing Address
26 8740 SW 82 St
Suite, Apt. #, etc. 27
City & State 28 Miami FL
Zip 29 33173-4126 Country 30 USA

4. FEI Number: 59-2780082 ☐ 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

GILMAN, JAMES S.
13525 SW 66 STREET
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name: GILMAN, James S.
82 Street Address (P.O. Box Number is Not Acceptable): 8740 SW 82 St
83
84 City: Miami FL 85 Zip Code: 33173-4126

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: James S. Gilman President 4/3/95
(If changing Registered Agent, signature required and required) (TITLE) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President - Director	☑ Change ☐ Addition
NAME	GILMAN, JAMES S.	12 NAME	James S. Gilman	
STREET ADDRESS	13525 S.W. 66 ST.	13 STREET ADDRESS	8740 SW 82 St	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33173-4126	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: James S. Gilman President 4/3/95 (305) 576-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0432394 FP