

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 10 1997 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K31827

(4)

1. Corporation Name

THE GOTHARD GROUP, INC.

Principal Place of Business

4100 N.E. 2ND AVE.
SUITE 305
MIAMI FL 33137

Mailing Address

4100 N.E. 2ND AVE.
SUITE 305
MIAMI FL 33137-3538



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1988		3a. Date of Last Report 04/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0068275		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CARUNCHO & MUR, P.A.
3800 DOUGLAS ROAD
504
CORAL GABLES FL 33104

10. Name and Address of New Registered Agent

81 Name
H Goldberg
82 Street Address (P.O. Box Number is Not Acceptable)
Steel Hector & Davis
83 200 S. Biscayne Blvd
84 City
Miami 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 *Barbara H. Gothard* PRESIDENT & COO 3/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	President
NAME	GOTHARD, BARBARA	1.2 NAME	
STREET ADDRESS	4100 N.E. 2ND AVE. #305	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	V. President & Treasurer
NAME	GOTHARD, ANN MARIE	2.2 NAME	
STREET ADDRESS	4100 N.E. 2ND AVE. #305	2.3 STREET ADDRESS	One Huntington Quadrangle
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Melville, N. Y 11747
TITLE	Secretary	3.1 TITLE	
NAME	Gary Roberts	3.2 NAME	
STREET ADDRESS	One Huntington Quadrangle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Melville, N.Y 11747	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Chairman and Chief Executive Officer
NAME	Ronald Greenstone	4.2 NAME	
STREET ADDRESS	4100 NE 2nd Avenue, #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33137	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Barbara H. Gothard* BARBARA H. GOTHARD 2/26/97 215-551-1201

CR2E034 (9/96)