

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L74566** (5)

1. Corporation Name
GILL INV. INC.



Principal Place of Business: **1743 INDEPENDENCE BLVD. #D-3 SARASOTA FL 34234**
Mailing Address: **1743 INDEPENDENCE BLVD. #D-3 SARASOTA FL 34234**

3. Date Incorporated or Qualified 05/17/1990	3a. Date of Last Report 03/20/1995
4. FEI Number 65-0216582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Subsidiary, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Subsidiary, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
---	------------------	---------	-------------	-----	---	------------------	---------	-------------	-----

9. Name and Address of Current Registered Agent

**BUNNELL, DORIS A.
608 15TH STR W
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* Date: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GILLMAN, JORDAN E.	2. NAME	
3. STREET ADDRESS	1743 INDEPENDENCE BLVD., D-3	3. STREET ADDRESS	
4. CITY - ST - ZIP	SARASOTA FL	4. CITY - ST - ZIP	
5. TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	GILLMAN, STACEY S.	6. NAME	
7. STREET ADDRESS	1743 INDEPENDENCE BLVD., D-3	7. STREET ADDRESS	
8. CITY - ST - ZIP	SARASOTA FL	8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY - ST - ZIP		12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY - ST - ZIP		16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY - ST - ZIP		20. 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)(k), 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: *[Signature]* **Jordan Gillman Pres** 2/22/96 941-355-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CR2E034 (12/95)