

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JANUARY 1, 1996

APPROVED
AND
FILED

DOCUMENT # P92000006953 (3)

55 MAY 10 AM 10:25

S AND G GILLMAN ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1515 N. FEDERAL HIGHWAY
SUITE 204
BOCA RATON FL 33432

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SUITE 204
BOCA RATON FL 33432
US

(PLEASE WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification 11/19/1992	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0371933	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	

2. Mailing Address of the Corporation 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

NIXON, JARY C
25 DAVIS BLVD.
TAMPA FL 33606

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, authority accept the appointment as registered agent, can, hereby accept and consent the change of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PS GILLMAN, SEYMOUR 799 PARK AVE NEW YORK NY	1. NAME	☐ Change ☐ Addition
NAME	VPT GILLMAN, SUZANNE 799 PARK AVE NEW YORK NY	2. NAME	☐ Change ☐ Addition
NAME	VP GILLMAN, GARY 2498 SPANISH RIVER ROAD BOCA RATON FL	3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, (b)(4), 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 on Block 12 of this filing and has not been in affiliation with an address.

SIGNATURE: *Seymour Gillman* SEYMOUR GILLMAN 5/4/95 392-7188