

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:59

DOCUMENT # **P92000010359 (7)**

1. Corporation Name
GULL ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Created 12/09/1992		3a. Date of Last Report 05/01/1994	
21. Suite, Apt. #, etc.		21a. Suite, Apt. #, etc.		4. FEI Number 65-0380585		Applied For Not Applicable	
22. City & State		22a. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		23a. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. ZIP	25. COUNTY	29. City	30. COUNTY	5. This Corporation has equity in a corporation the owner of which is:			
				Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUKE, BRYAN W., 6400 NORTH ANDREWS AVENUE, FORT LAUDERDALE FL 33309				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607 (050) 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 (050), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	STILES, TERRY W.,	2. NAME	
3. STREET ADDRESS	6400 NORTH ANDREWS AVENUE	3. STREET ADDRESS	
4. CITY, ST, ZIP	FORT LAUDERDALE FL 33309	4. CITY, ST, ZIP	
5. TITLE	VP	5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	GARDNER, RAYMOND G.,	6. NAME	VP Palmer, Stephen R.
7. STREET ADDRESS	6400 NORTH ANDREWS AVENUE	7. STREET ADDRESS	6400 North Andrews Ave
8. CITY, ST, ZIP	FORT LAUDERDALE FL 33309	8. CITY, ST, ZIP	Ft Lauderdale 33309
9. TITLE	SD	9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	YOUNG, WILLIAM H.,	10. NAME	S Schlegel, Patricia J
11. STREET ADDRESS	6400 NORTH ANDREWS AVENUE	11. STREET ADDRESS	6400 North Andrews Ave
12. CITY, ST, ZIP	FORT LAUDERDALE FL 33309	12. CITY, ST, ZIP	Ft Lauderdale FL 33309
13. TITLE	T	13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	SCHLEGEL, PATRICIA J,	14. NAME	T Eagan, Douglas P
15. STREET ADDRESS	6400 NORTH ANDREWS AVENUE	15. STREET ADDRESS	6400 North Andrews Ave
16. CITY, ST, ZIP	FORT LAUDERDALE FL 33309	16. CITY, ST, ZIP	Ft Lauderdale FL 33309
17. TITLE		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, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (07), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or a person who is authorized to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 1, or Block 14 of this report, or over a facsimile signature address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR