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 # P92000010359 (7)

1. Corporation Name

GULL ASSOCIATES, INC.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1992	05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0380585	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

* DUKE, BRYAN W.,
6400 NORTH ANDREWS AVENUE.
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	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 _____
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	PD	☐ DELETE
NAME	STILES, TERRY W.,	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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***200.00

TITLE	VP	☐ DELETE
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE	S	☐ DELETE
NAME	SCHLEGEL, PATRICIA J	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

3.1 TITLE VS / 3.2 NAME SCHLEGEL PATRICIA J. (same address) / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☑ Change ☐ Addition

TITLE	T	☐ DELETE
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

4.1 TITLE VT / 4.2 NAME EAGON, DOUGLAS P (same address) / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☑ Change ☐ Addition

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE V / 5.2 NAME Stine, James W. (same address) / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☑ Addition

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE V Coffey, Kevin (same address) / 6.2 NAME / 6.3 STREET ADDRESS V Duke, Bryan W (same address) / 6.4 CITY-ST-ZIP ☐ Change ☑ Addition ☑ Addition

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: _____ 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)