SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000032704 (7) DOCUMENT # GARY STEWART ASSOCIATES, INC. Mailing Address Principal Place of Business 7816 ALLEN ROBERTSON PL 7816 ALLEN ROBERTSON PL SARASOTA FL 34240 SARASOTA FL 34240 3a. Date of Last Report 3. Date Incorporated or Qualified 05/05/1993 04/13/1995 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business 65-0408253 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5,00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζıρ Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 1840 ALLEN ROBERTSON weet Address (P.O. Box Number is Not Acceptable) 7040 DEL LAGO DR SARASOTA FL 34238 34240 85 Zip Code 84 City 7 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered section 607,0505 florida Statutes. Sections 607 11. Pursuant to the prooffice or registered agent Lam SIGNATURE g sterad Agent signatura required when reioclatings (96/6) ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELE 16 1 1 TITLE CR2E034 STEWART, GARY 1.2 NAME NAME 7816 ALLEN ROBERTSON PL 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ___ Addition 2.1 (I) LE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Add tion Change ___ DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 411111.6 TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 Title E TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(1Y - \$1 - Z(P) furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I mental annual report is true and accurate and that my signature shall have the same legal effect as if previously considered to execute this report as required by Chapter 617, Florida Statutes, and 14. It do hereby certify that the information supplied further certify that the information introduced made under oath; that I am an officer or direct that my name appears in Block 2 or Block 1. hied with this filing is voluntarily to on this annual report or supplementary of the corporation or the re-

SIGNATURE:

13 if changed,

6-10-96 941-379-3411