

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000076522 (9)**

1. Corporation Name
GHOLSON AND ASSOCIATES INC.

Principal Place of Business
**POST OFFICE BOX 3475
TAMPA FL 33602**

Mailing Address
**POST OFFICE BOX 3475
TAMPA FL 33601-3475**



2. Principal Place of Business 21 2445 HOLLYWOOD BLVD Suite, Apt. #, etc. 22 109 City & State 23 HOLLYWOOD FL. Zip 24 33020		2a. Mailing Address 25 2445 HOLLYWOOD BLVD Suite, Apt. #, etc. 26 109 City & State 27 HOLLYWOOD FL. Zip 28 33020 Country 29 BROWARD		3. Date Incorporated or Qualified 10/13/1994		3a. Date of Last Report 08/19/1996	
				4. FEI Number 59-3275719		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GHOLSON, NEIL
17625 NORTH WEST 27TH AVENUE
MIAMI FL 33055**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHOLSON, NEIL	1.2 NAME	GHOLSON, NEIL
STREET ADDRESS	POST OFFICE BOX 3475 N/A	1.3 STREET ADDRESS	2445 HOLLYWOOD BLVD. SUITE 109
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	HOLLYWOOD FL. 33020
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHOLSON, MICHELE	2.2 NAME	GHOLSON, MICHELE
STREET ADDRESS	POST OFFICE BOX 3475 N/A	2.3 STREET ADDRESS	2445 HOLLYWOOD BLVD. SUITE 109
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	HOLLYWOOD FL. 33020
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NEIL GHOLSON 4-25-97

CR2E034 (9/96)