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 CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000043884 (2)

GAD ASSOCIATES, INC.

		Nation Addition					
Principal Place of Business Mailing Address 208 HIGHVIEW AVE. 208 HIGHVIEW AVE.							
LEHIGH ACRES FL 33936		LEHIGH ACRES FL 33	936				
					3. Date Incorporated or Qu 06/07/1995	alified 3a. I	Date of Last Report
2. Principal Place of Business		2a. Mailing Address	78	7 2	4. FEI Number	956	Applied For
Suite, Apt #, etc		26 Y.O. BOX Suite, Ant. #, etc.	10.		63-0301	750	Not Applicable \$8.75 Additional
		27			5. Certificate of Status Des	ired	Fee Required
City & State		City & State	S FL	ORIDA	6. Election Campaign Fina Trust Fund Contribution	naing 🔲	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour		8. This corporation has liab		le taxunder s. 199.032.
D Name and	Address of Current I	29 33711	30	USA	Florida Statutes 10. Name and Address of		No 1 Apent
				81 Name	10. Nume and Address of	Tell Hegistere	Talent and a summary of a
The Law firm of Lawrence J Spiegel Chrtd 343 Almeria Avenue				82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134				83	•		
				93			
				84 City		F	85 Zip Code
SIGNATURE	nd accept the obligation of registered agents				ation's board of directors. Thereby	DATE	
12.	OFFICERS AND		13.	Agoni a gripiore rei	ADDITIONS/CHANGES T		ND DIRECTORS IN 12
ITLE PSTD		DELETE	1.1 717	LE			Change Addition
IAME DALLEY, G			1.2 NA	ME			
TREET ADDRESS 208 HIGHV			1 3 ST	REET ADORESS			
	CRES FL 33936	DELETE		Y-ST-ZIP			Change Addition
ITLE IAME			2 1 TH 2 2 NA				Change Addition
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				TY-ST-2IP			
TILE		DELETE	3 1 TIT				Change Addition
IAME			3 2 NA	ме			
TREET ADDRESS			3351	REET ADDRESS			
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ITLE LAME		C OFFEIR	4 1 JIT 4 2 N				Additi
STREET ADDRESS				REET ADORESS			
CITY-ST-ZIP				Y-SI-ZIP			
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KAME			5 2 NA	ME			
STREET ADDRESS			5351	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
ITLE		DELETE	6 1 117	•			Change Addition
NAME			62 NA				
STREET ADDRESS CITY+S1-ZIP				REE1 ADDRESS			
 I do hereby certify that the further certify that the infol 	rmation indicated on th n: an officer or director	ris annual report or suppler of the corporation or the re	furnished ar mental annu aceiver or tru	nd does not qual report is truitstee empowe address	ualify for the exemption stated in a early and accurate and that my signated to execute this report as requ	ature shall have I ired by Chapter	tne same legal effect as if 617, Fiorida Statutes, and
SIGNATURE:	SIGNATURE AND TYPED OR P	RINTED NAME OF STGNING OFFIC	KY ER OPOIRECTO	(PRE	SIDENT) 7-	3 -96	Oaylime Priore #