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Apr 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000042178 (9)

1. Corporation Name

J. GAMARANO & ASSOCIATES, INC.

Principal Place of Business  
6895 VILLAS DRIVE SOUTH  
BOCA RATON FL 33433

Mailing Address  
6895 VILLAS DRIVE SOUTH  
BOCA RATON FL 33433-5025



3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
4. FEI Number 65-0669343	Applied For Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name J. GAMARANO  
82 Street Address (P.O. Box Number is Not Acceptable)  
6895 VILLAS DRIVE SOUTH  
83 BOCA RATON  
84 City FL 85 Zip Code 33433

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 *Joseph F. Gamarano Jr* JOSEPH F. GAMARANO JR 3-27-97  
(Signature, type, or printed name of registered agent and file 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	1.1 TITLE	P. JOSEPH F. GAMARANO JR
NAME	GAMARANO, JOSEPH F JR	1.2 NAME	6895 VILLAS DRIVE SOUTH
STREET ADDRESS	6895 VILLAS DRIVE SOUTH	1.3 STREET ADDRESS	BOCA RATON FL 33433
CITY - ST - ZIP	BOCA RATON FL 33433	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	MARIE P. GAMARANO
STREET ADDRESS		2.3 STREET ADDRESS	6895 VILLAS DRIVE SOUTH
CITY - ST - ZIP		2.4 CITY - ST - ZIP	BOCA RATON FL 33433
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Joseph F. Gamarano Jr* JOSEPH F. GAMARANO JR 3-27-97 561-391-4045  
(Signature, type, or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)