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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

JUCU . Corporatio	MENT # S462	(6)					
•	GAMBLE & ASSOCIATES	, INC.		 	<b>     </b>		1 <b>0)0)4 0/0</b> (0 100)
rincipal Place	e of Business	Maling Address					
2101 CANTU COURT SARASOTA FL 34232		2101 CANTU COURT SARASOTA FL 34232					
				3. Date Incorporated or Qualified 04/18/1991		of Last R 1/19/19	
, Principal Pr	lace of Business	2a. Mailing Address		4. FEI Number			Applied For
Sute, Apt.	h oto	26		65-0258152			Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>19</b>		Additional Required
City & Stati		City & State		Election Campaign Financing     Trust Fund Contribution			May Be d to Fees
Zφ 	Country 25	Ζφ <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes Yes		k under s	199.032,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New R	egistered #	gent	
GAMRI	F WILLIAM J		81 Name				
GAMBLE, WILLIAM J 2101 CANTU COURT				lress (P.O. Box Number is Not Acceptab	le)		
SAKAS	OTA FL 34232		83				
			84 City		FL	<b>85</b> Zip	Code
	to the provisions of Sections 607.05 red agent, or both, in the State of Fk ith, and accept the obligations of, Sc			oration submits this statement for the purp ard of directors. I hereby accept the apport	pose of chai sintment as i	nging its re registered	egistered office agent. I am
familiar wi	In, and accept the obligations of, Sc Synchologophic prince rank of regarded a Of FICERS A	contion 607.0505, Florida Statutes  and aid sterif econocide  ND DIRECTORS		ard of directors. I hereby accept the appo	DATE	registered	agent. I am
familiar wi	Systems, byset or printer rank of registed as Of FICERS A	oction 607.0505, Florida Statutes	ed by the corporation's post.  The Registered Agent signature require	ard of directors. I hereby accept the appoint of the appoint of the renstating)	DATE CERS AND	registered	agent. I am
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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 Brock 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

2/19/96 941-37#-5694