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**May 01 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 # G73359 (3)**  
1. Corporation Name  
**GENERAL DEVELOPMENT SALES CORPORATION**



Principal Place of Business: LEGAL DEPT 9TH FLOOR, 2601 S BAYSHORE DR. MIAMI FL 33133-2461  
Mailing Address: LEGAL DEPT 9TH FLOOR, 2601 S BAYSHORE DR. MIAMI FL 33133-5417

3. Date Incorporated or Qualified: 12/05/1983  
3a. Date of Last Report: 04/16/1996  
4. FEI Number: 59-2347519  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
LANGLEY, MARCIA H  
LEGAL DEPT., 9TH FLOOR  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133

10. Name and Address of New Registered Agent  
81 Name: JOEL K. GOLDMAN  
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Dr. ve  
83 City: 9th floor  
84 City: Miami FL 85 Zip Code: 33133

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: *Joel K. Goldman* DATE: 4/11/97

12. OFFICERS AND DIRECTORS

TITLE: DP	NAME: JEFFREY, THOMAS W.	STREET ADDRESS: 2601 S. BAYSHORE DRIVE	CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: VSD	NAME: LANGLEY, MARCIA H.	STREET ADDRESS: 2601 S. BAYSHORE DRIVE	CITY - ST - ZIP: MIAMI FL 33133	<input type="checkbox"/> DELETE
TITLE: VT	NAME: FISCHER, JOHN H.	STREET ADDRESS: 2601 S. BAYSHORE DRIVE	CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE
TITLE: VD	NAME: CARLETON, CALLIS N.	STREET ADDRESS: 2601 S. BAYSHORE DRIVE	CITY - ST - ZIP: MIAMI FL 33133	<input type="checkbox"/> DELETE
TITLE: VAS	NAME: GOLDMAN, JOEL K.	STREET ADDRESS: 2601 S BAYSHORE DR	CITY - ST - ZIP: MIAMI FL 33133	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY - ST - ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: V/S/D	1.2 NAME: GOLDMAN, JOEL K.	1.3 STREET ADDRESS: 2601 S. BAYSHORE DR	1.4 CITY - ST - ZIP: MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: V/I/S	2.2 NAME: LANGLEY, MARCIA H.	2.3 STREET ADDRESS: 2601 S. BAYSHORE DR.	2.4 CITY - ST - ZIP: MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: V/D/C/I/S	3.2 NAME: CARLETON, CALLIS N.	3.3 STREET ADDRESS: 2601 S. BAYSHORE DR	3.4 CITY - ST - ZIP: MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	4.2 NAME:	4.3 STREET ADDRESS:	4.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joel K. Goldman* DATE: 4/11/97 DAYTIME PHONE #: 305 859 4071

CR2E034 (9/96)