

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000033111 (2)

1. Corporation Name
GMRI CANADA, INC.



Principal Place of Business: **5900 LAKE ELLENOR DR. ORLANDO FL 32809**
Mailing Address: **5900 LAKE ELLENOR DR. ORLANDO FL 32809**

3. Date Incorporated or Qualified: **04/26/1995**
3a. Date of Last Report: **FIRST REPORT**
4. FEI Number: **59-3312030**
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**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **31**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 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: _____ DATE: _____
Signature typed or printed name of registered agent in the applicable block. Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, LAWRENCE W	
STREET ADDRESS	5900 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	PRESIDENT
23. STREET ADDRESS	JEFFREY J. O'HARA
24. CITY-ST-ZIP	5900 LAKE ELLENOR DRIVE
31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	SENIOR VICE PRESIDENT
33. STREET ADDRESS	JAMES D. SMITH
34. CITY-ST-ZIP	5900 LAKE ELLENOR DRIVE
41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	SENIOR VICE PRESIDENT
43. STREET ADDRESS	RICHARD D. HALTERMAN
44. CITY-ST-ZIP	5900 LAKE ELLENOR DRIVE
51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	ASST. SECRETARY
53. STREET ADDRESS	E. CHARLENE FAULEY
54. CITY-ST-ZIP	5900 LAKE ELLENOR DRIVE
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	VICE PRESIDENT/SECRETARY
63. STREET ADDRESS	GEORGE T. WILLIAMS
64. CITY-ST-ZIP	5900 LAKE ELLENOR DRIVE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George T. Williams **GEORGE WILLIAMS** 4/26/96 (407) 245-5584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)