

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/26/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

g. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P	<input checked="" type="checkbox"/> DELETE
NAME	O'HARA, JEFFREY J.	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES D.	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALTERMAN, RICHARD D.	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FAULEY, E. CHARLENE	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GEORGE T.	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SVT Clarence Otis, Jr.
2.3 STREET ADDRESS	5900 Lake Ellenor Drive
2.4 CITY-ST-ZIP	Orlando, Florida 32809
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PSV James D. Smith
3.3 STREET ADDRESS	5900 Lake Ellenor Drive
3.4 CITY-ST-ZIP	Orlando, Florida 32809
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V Robert F. Faisant
4.3 STREET ADDRESS	6100 Lake Ellenor Drive
4.4 CITY-ST-ZIP	Orlando, Florida 32809
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  **Robert F. Faisant** 2/24/98 407.245.5584

CR2E034 (10/97)