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Apr 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000033111

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/26/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3312030	
24	Country	29	Country	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LAWRENCE W	1.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	
TITLE	SVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTIS, CLARENCE J	2.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	
TITLE	PSV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES D.	3.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISANT, ROBERT F.	4.2 NAME	
STREET ADDRESS	6100 LAKE ELLENOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULEY, E. CHARLENE	5.2 NAME	Assistant Secretary
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GEORGE T.	6.2 NAME	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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, with all other like empowered.

SIGNATURE: Robert F. Faisant 2/25/99 407.245.5584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #