

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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90007 015 \*\*\*150.00

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"/>  |  |
|                                |                     | 30                  |                     | Applied For <input type="checkbox"/>   |  |
|                                |                     |                     |                     | Not Applicable   |  |
|                                |                     |                     |                     | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  |
|                                |                     |                     |                     | \$8.75 Additional Fee Required   |  |
|                                |                     |                     |                     | 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                |                     |                     |                     | \$5.00 May Be Added to Fees  |  |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>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 <input type="checkbox"/> DELETE   | 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 <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE   | 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 <input type="checkbox"/> DELETE   | 5.1 TITLE   | Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FAULEY, E. CHARLENE                 | 5.2 NAME  |  |
| STREET ADDRESS             | 5900 LAKE ELLENOR DRIVE             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VS <input type="checkbox"/> DELETE  | 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 #