

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000044336 (2)

1. Corporation Name
GEDCO USA, INC.



Principal Place of Business Mailing Address
~~6355 METRO W BLVD~~ ~~6355 METRO W BLVD~~
~~SUITE 445~~ ~~SUITE 445~~
~~ORLANDO FL 32835~~ ~~ORLANDO FL 32835~~

3. Date Incorporated or Qualified 06/08/1995
3a. Date of Last Report
4. FEI Number 59-3319371 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 2a. Mailing Address
21 8445 International Drive 26 200 S. Orange Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 138 27 Suite 2300
City & State City & State
23 Orlando FL 28 Orlando, FL
Zip Country Zip Country
24 32819 25 USA 29 32801-3432 30

9. Name and Address of Current Registered Agent
~~THE PRENTICE HALL CORPORATION SYSTEM, INC.~~
~~1201 HAYS CT~~
~~SUITE 103~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent
81 Name A.G.C. Co.
82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Ave.
83 Suite 2300
84 City Orlando FL 85 Zip Code 32801-3432

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 By: *G. Thomas Ball* DATE 4-24-96
Signature of G. Thomas Ball, Vice President (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'RIORDAN, GERARD	
STREET ADDRESS	6355 METRO W BLVD SUITE 445	
CITY-ST-ZIP	ORLANDO FL 32835	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/O O'Riordan, Gerard
1.3 STREET ADDRESS	8445 International Drive #138
1.4 CITY-ST-ZIP	Orlando, FL 32819
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/S Kathy Lloyd
2.3 STREET ADDRESS	8445 International Drive #138
2.4 CITY-ST-ZIP	Orlando, FL 32819
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T Tyler Piercy
3.3 STREET ADDRESS	8445 International Drive #138
3.4 CITY-ST-ZIP	Orlando, FL 32819
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001807433
5.3 STREET ADDRESS	-05/04/96--01001--001
5.4 CITY-ST-ZIP	***208.75
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 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: *Tyler Piercy* Tyler Piercy Treasurer 3/4/96 407-351-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)