

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 # P97000043349 (4)
 1. Corporation Name
GMRI RESUPPLY WAREHOUSE COMPANY



Principal Place of Business 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809	Mailing Address 5900 LAKE ELLENOR DRIVE ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1997	
21	26	4. FEI Number 59-3450558		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	Zip		Country	
24	25	29	30		

9. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, JEFFREY J	1.2 NAME	James D. Smith
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	1.3 STREET ADDRESS	5900 Lake Ellenor Drive
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP	Orlando, Florida 32809
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	George T. Williams
STREET ADDRESS		2.3 STREET ADDRESS	6000 Lake Ellenor Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, Florida 32809
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	James O. McIntosh
STREET ADDRESS		3.3 STREET ADDRESS	6000 Lake Ellenor Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, Florida 32809
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert F. Faisant
STREET ADDRESS		4.3 STREET ADDRESS	6100 Lake Ellenor Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, Florida 32809
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Brian S. Rose
STREET ADDRESS		5.3 STREET ADDRESS	6100 Lake Ellenor Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, Florida 32809
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Diane Cleversey
STREET ADDRESS		6.3 STREET ADDRESS	6000 Lake Ellenor Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, Florida 32809

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)