FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
97 MAY 14 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V05156 (7)

Corporate Name
GMH REALTY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1665 PALM BEACH LAKES BLVD SUITE 610 WEST PALM BEACH FL 33401	1665 PALM BEACH LAKES BLVD SUITE 610 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified: 01/07/1992
3a. Date of Last Report: ~~04/04/1995~~ 1996

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

4. FEI Number: 23-2671494 ☐ 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

9. Name and Address of Current Registered Agent

~~BURST, THOMAS S.~~
~~% GMH MANAGEMENT INC~~
~~1665 PALM BEACH LAKES BLVD. STE. 610~~
~~WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent

81 Name: F + L Corp
82 Street Address (P.O. Box Number is Not Acceptable): 200 Laura St., 3rd Floor
83
84 City: Jacksonville FL 85 Zip Code: 32201-0240

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: Edmund T. Baxa, Jr. Edmund T. Baxa 5/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, GARY M		1.2 NAME	
STREET ADDRESS	353 W. LANCASTER AVE, STE. 210		1.3 STREET ADDRESS	700002177897--5
CITY-ST-ZIP	WAYNE PA		1.4 CITY-ST-ZIP	-05/14/97--01028--025
TITLE	~~D~~	☒ DELETE	2.1 TITLE	****558.75 ~~*****68~~ ☐ Addition
NAME	~~BURST, THOMAS S~~		2.2 NAME	
STREET ADDRESS	~~4344 NICOLE CIRCLE~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TEQUESTA FL~~		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME			3.2 NAME	Robert Giuseppe
STREET ADDRESS			3.3 STREET ADDRESS	353 W Lancaster Ave Ste 210
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Wayne PA 19087
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: [signature] Assistant Secretary 610 687 6371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #