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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

328176

GMRI, Inc.

Principal Place of Business

1. Corporation Name

Mailing Address

FOOD Tales Elleman Desires

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90084 040 ***150.00

5900 Lake Ellenor Drive										
Orlando, FL 32809					DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 3 27 68					
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For			
1		26			59–1219168		Not Applicable			
	e, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
3	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees			
4	Country 25	Zip 29 30	Country		This corporation owes the current year In Personal Property Tax.	tangible X Yes				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
Corporation Service Company 1201 Hays St.			81	Name						
			82	82 Street Address (P.O. Box Number is Not Acceptable)						
			83		1					
			84	City	FI	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 _	Signature, typed or printed name of registered agent and title if applica	hle (NOTE: R	egistered Agent signature requi	ired when reinstating)		DATE		
12.	OFFICERS AND DIRECTOR		13.		CHANGES TO	OFFICERS	AND DIRECTO	RS IN 12
TITLE	DIP	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	James D. Smith		1.2 NAME					
STREET ADDRESS	5900 Lake Ellenor Drive		1.3 STREET ADDRESS					
CITY-ST-ZIP	Orlando, FL 32809		1.4 CITY-ST-ZIP					
TITLE	V	☐ DELETE	2.1 TITLE		-		Change	☐ Addition
NAME	Stephen E. Helsel		2.2 NAME					
STREET ADDRESS	6100 Lake Ellenor Drive		2.3 STREET ADDRESS					
CITY-ST-ZIP	Orlando, FL 32809		2 4 CITY-ST-ZIP	. <u> </u>				
FITLE	V	☐ DELETE	3 1 TITLE		÷ 1-		Change	[] Addition
NAME	Richard J. Walsh		3.2 NAME					
STREET ADDRESS	5900 Lake Ellenor Drive		. 33 STREET ADDRESS					
CITY-ST-ZIP	Orlando, FL 32809		3.4. CITY-ST-ZIP					
TITLE	VIT	☐ DELETE	4.1 TITLE				Change	Addition
NAME	Clarence Otis, Jr.		4. 2 NAME	•			-	
STREET ADDRESS	5900 Lake Ellenor Drive		4.3 STREET ADDRESS	•				
CITY-ST-ZIP	Orlando, FL 32809		4 4 CITY-ST-ZIP					
ritle	V	DELETE	5.1 TITLE				☐ Change	Addition
NAME	Robert F. Faisant		5.2 NAME		-			
STREET ADDRESS	6100 Lake Ellenor Drive		5.3 STREET ADDRESS					
CITY-ST-ZIP	Orlando, FL 32809		5.4 CITY-ST-ZIP					
TITLE	s/v	☐ DELETE	6.1 TITLE				Change	Addition
NAME	George T. Williams		62 NAME		** .	•		
STREET ADDRESS	6000 Lake Ellenor Drive		6 3 STREET ADDRESS		-		•	
TITY ST ZID	O-1		6.4 CITY-ST-7/P			_		

Orlando, FI. 32809
 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 suppliemental 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: # //

Robert F. Faisant 2 24 99

(407) 245-5584

CR2E034 (11/98)