

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

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Mar 10 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 # 436674 (6)  
1. Corporation Name  
GLD, INC.

Principal Place of Business  
3965 CONGRESS AVE.  
LAKE WORTH FL 33461  
US

Mailing Address  
6259 OLIVE WOOD CIRCLE  
LAKE WORTH FL 33463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6259 OLIVEWOOD CIRCLE Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FL Zip 24 33463 Country 25 USA		2a. Mailing Address 26 6259 OLIVEWOOD CIRCLE Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 33463 USA		3. Date Incorporated or Qualified 10/01/1973	
g. Name and Address of Current Registered Agent DEROCHER, BRYAN G. 604 STONEHILL ROAD CHAPEL HILL, NC 27516		81 Name GILBERT L. DEROCHER 82 Street Address (P.O. Box Number is Not Acceptable) 6259 OLIVEWOOD CIRCLE 83 84 City LAKE WORTH FL 85 33463		4. FEI Number 59-1483829 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. 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	
10. Name and Address of New Registered Agent		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 <i>Gilbert L. DeRoche</i> DATE 3/3/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEROCHER, GILBERT L. 6259 OLIVEWOOD CIRCLE LAKE WORTH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEROCHER, BRYAN G. 604 STONEHILL ROAD CHAPEL HILL, NC 27516 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gilbert L. DeRoche* 3/3/98 561-969-0579

CR2E034 (10/97)