

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

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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 456959 (6)
1. Corporation Name
GDV FINANCIAL CORPORATION



Principal Place of Business LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	Mailing Address LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-5417
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3. Date Incorporated or Qualified 07/16/1974	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-1541187	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent
**LANGLEY, MARCIA H
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name
JOEL K. GOLDMAN
82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DR.
83
9TH FLOOR
84 City
MIAMI
85 Zip Code
FL 33133

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: *Joel K. Goldman* **Joel K. Goldman** **4/11/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	CARLETON, CALLIS N.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLDMAN, JOEL K.	
1.3 STREET ADDRESS	2601 S. BAYSHORE DR	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE	VIA S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANGLEY, MARCIA H.	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	VID/CAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARLETON, CALLIS N.	
3.3 STREET ADDRESS	2601 S. BAYSHORE DR	
3.4 CITY-ST-ZIP	MIAMI FL 33133	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Joel K. Goldman* **Joel K. Goldman** **4/11/97** **305-859-4071**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)