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Secretary of State

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01/15/2008

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **456959**

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 33133-2461



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/16/1974

4. FEI Number

59-1541187

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
LEGAL DEPT., 9TH FLOOR
2601 S. BAYSHORE DRIVE
MIAMI FL 33133

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

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 DELETE

NAME **JEFFREY, THOMAS W.**
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE VAS DELETE

NAME **LANGLEY, MARCIA H.**
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE VT DELETE

NAME **FISCHER, JOHN H.**
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE VDGS DELETE

NAME **COOK, PAULA**
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE VSD DELETE

NAME **GOLDMAN, JOEL K.**
 STREET ADDRESS **2601 S BAYSHORE DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE V DELETE

NAME **LAGUARDIA, JOHN**
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33133**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME **V/D/C/AS**
2601 S. Bayshore Drive
 4.3 STREET ADDRESS **Miami FL 33133**
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-9-99

305-859-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)