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Apr 11 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 # **510515** (0)
1. Corporation Name
G. P. I., INC.

Principal Place of Business 28 W. CENTRAL AVENUE P. O. BOX 3444 ORLANDO FL 32802	Mailing Address 28 W. CENTRAL AVENUE P. O. BOX 3444 ORLANDO FL 32802-3444
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2. Principal Place of Business 21 28-42 Central Blvd. Suite, Apt. #, etc. 22 4th Floor City & State 23 Orlando, FL Zip 24 32801	2a. Mailing Address 26 28-42 Central Blvd. Suite, Apt. #, etc. 27 4th Floor City & State 28 Orlando, FL Zip 29 32801
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3. Date Incorporated or Qualified 08/13/1976	3a. Date of Last Report 07/26/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
6. 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, WARREN E. 28 W. CENTRAL AVENUE ORLANDO FL FL 32802	10. Name and Address of New Registered Agent 81 Name Williams, Warren E. 82 Street Address (P.O. Box Number Is Not Acceptable) 28-42 Central Blvd. 83 4th Floor 84 City Orlando 85 Zip Code FL 32801
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11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.005, Florida Statutes.

SIGNATURE _____ DATE **2-13-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	WILLIAMS, WARREN E.	1.2 NAME	Williams, Warren E.
STREET ADDRESS	312 WING LANE	1.3 STREET ADDRESS	28-42 Central Blvd., 4th Floor
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	AS	2.1 TITLE	
NAME	WILLIAMS, WARREN E.	2.2 NAME	
STREET ADDRESS	312 WING LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	
NAME	KROPP, STEVEN	3.2 NAME	
STREET ADDRESS	3300 S HIAWASSEE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: **Warren E. Williams** 3/6/97 407/425-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)