FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 29 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **522983** **(6)**

1. Corporation Name
G.M.S. IMPORTS, INC.

Principal Place of Business	Mailing Address
1400 N.W. 65TH PLACE FORT LAUDERDALE FL 33309	1400 N.W. 65TH PLACE FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/12/1977**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1727064** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STOTT, ROBERT L
1400 N.W. 65TH PLACE
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Lee Blackwell
82 Street Address (P.O. Box Number is Not Acceptable): 1400 N.W. 65TH Place
83:
84 City: Fort Lauderdale FL 85 Zip Code: 33309

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: Lee Blackwell President 2/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	STOTT, FE M.	1.2 NAME	Paula Blackwell	
STREET ADDRESS	21717 TOWN PLACE DRIVE	1.3 STREET ADDRESS	1400 N.W. 65th Place	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Ft. Laud., FL	
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	STOTT, ROBERT L	2.2 NAME		
STREET ADDRESS	21717 TOWN PLACE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	FREEZE, THOMAS W	3.2 NAME		
STREET ADDRESS	2915 THORNTON ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	BOGUS, CHARLES E.	4.2 NAME		
STREET ADDRESS	1100 SW 12TH STRRET	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, LEE L	5.2 NAME		
STREET ADDRESS	310 COCONUT ISLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	TD	☐ Change ☒ Addition
NAME		6.2 NAME	Diana Ru	
STREET ADDRESS		6.3 STREET ADDRESS	1400 N.W. 65th Place	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Laud., FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lee Blackwell 2/20/95 305-971-6713
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

CR17000 OP