

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 19 1998 8:00am  
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 605615 (4)  
 1. Corporation Name  
 G.A.M. PROPERTIES, INC.



Principal Place of Business: 8745 BELLE RIVE BV, JACKSONVILLE FL 32256, US  
 Mailing Address: 8745 BELLE RIVE BV, JACKSONVILLE FL 32256, US

DO NOT WRITE IN THIS SPACE

|                                |             |                         |             |  |                               |
|--------------------------------|-------------|-------------------------|-------------|--|-------------------------------|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date incorporated or Qualified<br>12/26/1978  |                               |
| 21                             |             | 26                      |             | 4. FEI Number<br>59-1030403  | Applied For<br>Not Applicable |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                               |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |                               |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>WATSON, KEITH<br>6825 LILLIAN RD<br>JACKSONVILLE FL 32211 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
|----------------------------|---------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | STD                       | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | MICHAELS, ARNOLD J        |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 8879 BELLE RIVE BOULEVARD |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000    |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      | PD                        | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ROSENBERG, GERTRUDE S     |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 8745 BELLE RIVE BLVD      |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | JACKSONVILLE, FL 00000    |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                           | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | 6.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                           |                                 | 6.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                           |                                 | 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)(l), 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: \_\_\_\_\_ 8-6-98 914.332-7111

CR2E034 (5/98)