SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)DOCUMENT # 681912 GDMA, INC. Mailing Address Principal Place of Business 149 W. MICHIGAN ST. 149 W. MICHIGAN ST. P.O.BOX 560310 P.O.BOX 560310 3a. Date of Last Report ORLANDO FL 32006 3. Date incorporated or Qualified ORLANDO FL 32806 05/01/1995 08/05/1980 Applied For 4. FEI Number 2a, Mailing Address 2. Principal Place of Business Not Applicable 59-2053645 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032. 23 Country Country Yes No Žιρ Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name CRIDER, FRANK W Street Address (P.O. Box Number is Not Acceptable) 149 W. MICHIGAN ST. ORLANDO FL 32806 ВЗ Zip Code 85 City 84 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE. Signature, typed or printed name of registered agent and title if approache ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1.1 TITLE TITLE CR2E034 12 NAME CRIDER, FRANK W NAME 1.3 STREET ADDRESS 149 W. MICHIGAN ST. STREET ADDRESS 1.4 City - ST - ZIP ORLANDO, FL 00000 Change Addition CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME CAMP, ROSANNE M. NAME 2 3 STREET ADDRESS 149 W. MICHIGAN ST. STREET ADDRESS 2 4 CITY - ST- ZIP ORLANDO, FL 00000 Addition Change CITY - ST - ZIP DELETE 3 1 TITLE TITLE 3 2 NAME CRIPPEN, STAN NAME 3.3 STREET ADDRESS 149 W. MICHIGAN ST. STREET ADDRESS 34 CHTY-ST-ZIP ORLANDO, FL 00000 Change Addition CITY-ST-ZIP DELETE 41 TITLE TITLE 4 2 NAME BENNETT, JOHN F NAME 4.3 STREET ADDRESS 14 SW THIRD AVE STREET ADDRESS 4 4 CITY - ST - ZIP DANIA FL CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME MENG, PHILIP NAME 5 3 STREET ADDRESS 8395 GARDEN RD STREET ADDRESS 5 4 CITY - ST - ZIP RIVIERA BEACH FL Change Addition CITY - ST - ZIP DELETE 6 1 TITLE TITLE 6.2 NAME SZAROWICZ, E. M NAME 6.3 STREET ADDRESS 101 1/2 DOUGLAS RD STREET ADDRESS 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)(k). 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 logal effect as if made under eath; that I arm an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block for Block 13 if chapted or an attachment with an address 6 4 CITY - ST - ZIP SIGNATURE AND TYPED OR PHINTED NAMP OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: