## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

PLANTATION FL 33324



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

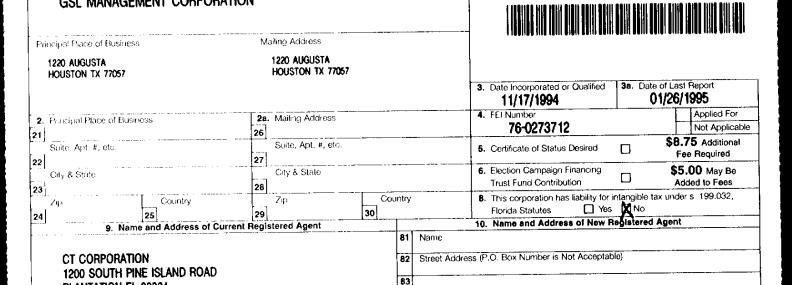
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DOCUMENT #

1. Corporation Name

F9400005936 (9)

**GSL MANAGEMENT CORPORATION** 



11. Pursuant to the provisions of Sections 607.05.02 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.

84 City

SIGNATURE . s	lynation, typed or printe tinenal of regularist agent and title it	aggiratio NO	E. Registered Agent signature required	Wher restating DATE
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ni l	C	DELETE	1 1 TITLE	Change Additio
IAMi	PARKER, ROBERT F		1.2 NAME	
JHCF LADDRESS	1220 AUGUSTA		1.3 STREET ADDRESS	
aty SLZ0F	HOUSTON TX 77057		1.4 CITY - ST - ZIP	
IRLF	DP	DELETE	2 1 TILLE	Change Additio
AVE	WOLF, GARY L		2.2 NAME	
STREET ADDRESS	1220 AUGUSTA		2.3 STREET ADDRESS	
DITY-ST-ZIP	HOUSTON TX 77057		2.4 CHY+ST-ZIP	
lot. F	D	DELFTi	3 1 TITLE	☐ Change ☐ Addition
VAME	CONDREY, WILLIAM V		3 2 NAME	
STREET ADDRESS	1220 AUGUSTA		3.3 STHEET ADDRESS	
City St-7P	HOUSTON TX 77057		3.4 C+TY - ST - ZIP	<b>P</b>
11:16	V	DELETE	4 1 TITLE	Change Addition
NAML	DAY, JAMES E		4 2 NAME	
STREET ADURESS	1220 AUGUSTA		4.3 STREET ADDRESS	
CHY-ST-Z-P	HOUSTON TX 77057		4.4 CITY - ST - ZIP	Prof. Communication of the Com
TITLE	S	DELÉTE	5 1 TiTLE	Change Addition
NAME	HENSGEN, RHONDA C		5.2 NAME	
STREET ADORESS	1220 AUGUSTA		5.3 STREET ADDRESS	
CITY-ST ZIE	HOUSTON TX 77057		5 4 CITY - ST - ZIP	
1.11.6		☐ DELETE	6 1 TITLE	Change Additi
N4Mi			6 2 NAMÉ	
STHEE ADDRESS			6.3 STREET ADDIRESS	
City St. 7if			6.4 CITY - ST - ZIP	

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 cert fy 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 cartify 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:

1 22/96 713 787.

CR2E034 (12/95)

Zip Code

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