

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000003128 (3)**

1. Corporation Name  
**G M F AGENCY, INC.**



Principal Place of Business: **1 EAST CENTRAL AVE., 2ND FL. PEARL RIVER NY 10965**  
Mailing Address: **1 EAST CENTRAL AVE., 2ND FL. PEARL RIVER NY 10965-2305**

3. Date Incorporated or Qualified: **06/20/1996**  
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	13-2776406	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	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		10. Name and Address of New Registered Agent	
KEENAN, DANIEL P % KEENAN INSURANCE 233 N. CAUSEWAY, STE. B NEW SMYRNA BEACH FL 32169-1967		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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, PATRICK J	1.2 NAME	
STREET ADDRESS	1 E. CENTRAL AVE. 2ND FL.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PEARL RIVER NY 10965	1.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, PATRICK J SR.	2.2 NAME	
STREET ADDRESS	26 DOUGLAS COURT	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PEARL RIVER NY 10965	2.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, DANIEL	3.2 NAME	
STREET ADDRESS	4150 SO. ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, KEVIN M	4.2 NAME	
STREET ADDRESS	24 AMARILLO DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NANUET NY 10954	4.4 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, PATRICK J JR.	5.2 NAME	
STREET ADDRESS	4225 SO. ATLANTIC AVE., UNIT 233	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW SMYRNA BEACH FL 32169	5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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 in an attachment with an address.

SIGNATURE: *Patrick J Keenan* DATE: *4/14/97*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (9/96)