

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

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Feb 05 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 # 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



DO NOT WRITE IN THIS SPACE

|   |                     |                     |                     |   |                                |
|---|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>06/20/1996   |                                |
| 21  | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>13-2776406   | Applied For<br>Not Applicable  |
| 22  | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 23  | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 24  | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <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<br>% KEENAN INSURANCE<br>233 N. CAUSEWAY, STE. B<br>NEW SMYRNA BEACH FL 32169-1967 |                     |                     |                     | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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

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                      | 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-ST-ZIP                | PEARL RIVER NY 10965              | 1.4 CITY-ST-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             | 28 DOUGLAS COURT                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PEARL RIVER NY 10965              | 2.4 CITY-ST-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-ST-ZIP                | NEW SMYRNA BEACH FL               | 3.4 CITY-ST-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-ST-ZIP                | NANUET NY 10954                   | 4.4 CITY-ST-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-ST-ZIP                | NEW SMYRNA BEACH FL 32169         | 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)(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:

Patrick J Keenan

CR2E034 (10/97)