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APPROVED  
AND  
FILED

93 MAY -6 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000002960 (9)**

1. Corporation Name

**GMH DOMESTICS, INC.**

Principal Place of Business

**353 WEST LANCASTER AVE STE 210  
WAYNE PA 19087**

Mailing Address

**353 WEST LANCASTER AVE STE 210  
WAYNE PA 19087**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81

Name

**F + L Corp**

82

Street Address (P.O. Box Number is Not Acceptable)

**200 Laura St.**

83

City

**3rd Flr**

84

City

**Jacksonville**

FL

85

Zip Code

**32201**

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]*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/5/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, GARY M</b>	
STREET ADDRESS	<b>353 WEST LANCASTER AVE STE 210</b>	
CITY-ST-ZIP	<b>WAYNE PA 19087</b>	

TITLE	<b>VP Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Bruce Robinson</b>	
STREET ADDRESS	<b>353 W Lancaster Ave</b>	
CITY-ST-ZIP	<b>Wayne PA 19087</b>	

TITLE	<b>VP Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Catherine Coyle</b>	
STREET ADDRESS	<b>353 W Lancaster Ave</b>	
CITY-ST-ZIP	<b>Wayne PA 19087</b>	

TITLE	<b>Asst Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert Di Giuseppe</b>	
STREET ADDRESS	<b>353 W Lancaster Ave</b>	
CITY-ST-ZIP	<b>Wayne PA 19087</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>600002516386--0</b>
14 CITY-ST-ZIP	<b>-05/07/98--01199--029</b>

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>****158.75 ****158.75</b>
24 CITY-ST-ZIP	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 *[Signature]* **Robert Di Giuseppe** **12/22/98**

CR2E034 (10/97)