

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

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May 01 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 # **G73357** (7)  
1. Corporation Name  
**GENERAL DEVELOPMENT HEADQUARTERS CORPORATION**

Principal Place of Business  
**LEGAL DEPT 9TH FLOOR  
2601 S. BAYSHORE DR.  
MIAMI FL 33133-2461**

Mailing Address  
**LEGAL DEPT 9TH FLOOR  
2601 S. BAYSHORE DR.  
MIAMI FL 33133-5417**



3. Date Incorporated or Qualified **12/05/1983** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2347575</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		Country		Country	
24		25		29		30	

g. Name and Address of Current Registered Agent

**LANGLEY, MARCIA H  
LEGAL DEP., 9TH FLOOR  
2601 S. BAYSHORE DRIVE  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **JOEL K. GOLDMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2601 S. Bayshore DR**  
83 **9th floor**  
84 City **Miami** FL 85 Zip Code **33133**

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 of officer 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/PAS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFREY, THOMAS W.</b>	1.2 NAME	<b>LANGLEY, MARCIA H.</b>
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE</b>	1.3 STREET ADDRESS	<b>2601 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGLEY, MARCIA H.</b>	2.2 NAME	<b>GOLDMAN, JOEL K.</b>
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE</b>	2.3 STREET ADDRESS	<b>2601 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	2.4 CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D/C/PAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISCHER, JOHN H.</b>	3.2 NAME	<b>CARLETON, CALLIS N.</b>
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE</b>	3.3 STREET ADDRESS	<b>2601 S. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, JOEL K.</b>	4.2 NAME	
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLETON, CALLIS N.</b>	5.2 NAME	
STREET ADDRESS	<b>2601 S BAYSHORE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOEL K. GOLDMAN** 4/11/97 305 259-4071

CR2E034 (9/96)