

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 FEB 18 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address  
**LEGAL DEPT 9TH FLOOR 2801 S. BAYSHORE DR. MIAMI FL 33133-2461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/05/1983</b>	
21	22	26	27	4. FEI Number <b>59-2347575</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GOLDMAN, JOEL K LEGAL DEP., 9TH FLOOR 2801 S. BAYSHORE DRIVE MIAMI FL 33133</b>				81	Name		
				82	Street Address (P.O. Box <b>59-23475757-8</b> )		
				83	City		
				84	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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFREY, THOMAS W.</b>	1.2 NAME	
STREET ADDRESS	<b>2801 S. BAYSHORE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGLEY, MARCIA H.</b>	2.2 NAME	
STREET ADDRESS	<b>2801 S. BAYSHORE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISCHER, JOHN H.</b>	3.2 NAME	
STREET ADDRESS	<b>2801 S. BAYSHORE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <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>2801 S. BAYSHORE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VDCS</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLETON, CALLIS N.</b>	5.2 NAME	<b>Cook, Paula</b>
STREET ADDRESS	<b>2801 S BAYSHORE DR</b>	5.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>Miami, Florida 33133</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Laguardia, John</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Miami, Florida 33133</b>

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: *Joe H...* 2-13-98 305-859-4000

CR2E034 (10/97)