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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 08, 1999 8:00 am Secretary of State

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GMDC, INC.

Principal Place of Business SURE 15 SUBJECT									
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2. Principal Place of Business	SUITE 315		SUITE 315		DO NOT WRITE IN	THIS SPACE			
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Suite, Apt. #. stc. 21 22 City & State 22 City & State 23 27 20 City & State 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt #, etc. 27 27 28 29 City & State	21		26			65-0134873		Not Applicable	
City & State City & State City & State		#, etc.	├ ¬ ' '			5. Certifcate of Status Desired			
Zip Country Zip Country Zip Country 2 This corporation over the current year Intagalble Personal Property Tax Xive No. N		е			, ,				
1.0		Country	Zip	Country		8. This corporation owes the current ye	ar Intangible		
RELLY CHARLES M., JR. 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 33942	24	25	29 30					□No	
KELLY CHARLES M., JR. 2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 33942 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 agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In attentiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DEVOE, GARY R. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. TITLE DEVOE, GARY R. 13. STREET ADDRESS 14. CITY 57: 2P NAPLES FL 14. CITY 57: 2P NAPLES FL 15. TITLE DEVOE, MARK A. 12. 2VANAE 14. CITY 57: 2P 14. CITY 57: 2P 15. TITLE DEVOE, MARK A. 12. 2VANAE 14. CITY 57: 2P 15. TITLE DEVOE, MARK A. 12. SIRRET ADDRESS CITY 57: 2P 17. CHANGES 18. TITLE DEVOE, MARK A. 18. CITY 57: 2P 19. Change Addition NAME DEVOE, MARK A. 19. Change Addition 19. Change Addition NAME STREET ADDRESS CITY 57: 2P NAPLES FL DELETE 11. TITLE DELETE 11. TITLE Change Addition Change Addition NAME STREET ADDRESS CITY 57: 2P NAPLES FL 14. TITLE DELETE 15. TITLE DELETE 15. TITLE Change Addition Change Addition NAME STREET ADDRESS		9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
2640 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 33942 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provision of the provision of Sections 607.0502, Florida Statutes. 11. Pursuant to the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing kis registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatura, hope of princes care of impleates agent and set of inglicates. (NOTE Registered Agent septiment in the corporation is board of directors. I horeory accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11THE DEVOE, GARY R. 14. CITY ST. 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE DEVOE, MARK A. 22. MANE 23. SIREET ADDRESS 14. CITY ST. 2P 14. CITY ST. 2P 15. TITLE D. OLIVES FL 25. TITLE D. OLIVES FL 25. TITLE D. OLIVES FL 35. TITLE D. OLI				81	Name				
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12.	SIGNATURE								
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14. I hereby certify that the Information supplied with this filling 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 of 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: ~