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95 MAY -1 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # L25768 (7)

1. Corporate Name
G. D. ASSOCIATES OF FORT MYERS, INC.

Principal Place of Business
% GEORGE J SWARTZ
1713 MAGDALENE MANOR
TAMPA FL 33613

Mailing Address
% GEORGE J SWARTZ
1713 MAGDALENE MANOR
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 10/26/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 65-0152956 — Applied For [ ] Not Applicable [ ]
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. Has corporation had activity or income for under 5 years? Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
SWARTZ, GEORGE J.
1713 MAGDALENE MANOR
TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.325, 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 such position under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SWARTZ, GEORGE J
STREET ADDRESS	1713 MAGDALENE MANOR
CITY, ST, ZIP	TAMPA FL
TITLE	DVS
NAME	SWARTZ, DEANNE M
STREET ADDRESS	1713 MAGDALENE MANOR
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing, and upon request, 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document with an address.

SIGNATURE: George J. Swartz 5-30-95 813-237-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0298000 CP