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

**FILED** PROFIT May 07 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)G & A OF MIAMI, INC. Principal Place of Business Mailing Address 7130 SW 111 CT 7130 SW 111 CT **MIAMI FL 33173** MIAMI FL 33173 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1989 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 04-2726035 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Tyes A No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 DUMANOSKI, ANTHONY W. 7130 SW 111 CT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. PTD DELETE Change Addition TITLE 1.1 TITLE DUMANOSKI, ANTHONY W. NAME 1.2 NAME 7130 SW 111 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE JOSLYN, PAULINE NAME 2.2 NAME **41 GREENWOOD PL** STREET ADDRESS 2.3 STREET ADDRESS **GARDNER MA** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **DUMANOSKI, WALTER** NAME 3.2 NAME 287 WATERFORD ST STREET ADDRESS 3.3 STREET ADDRESS **GARDNER MA** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME **DUMANOSKI, GLADYS** 4. 2 NAME STREET ADDRESS 7130 SW 111 CT 4.3 STREET ADDRESS MIAMI FL CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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

04/15/98 Anthony W. Dumanoski (941) - 498 - 0992

ged, or on an attachment with an address