

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **L76435** (1)

1. Corporation Name  
**GDI, INC.**

60 MAY -1 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% MICHAEL L. TROPP**  
**2400 WEST COPANS ROAD**  
**POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/30/1990** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0196591** 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**  
6. This Corporation has liability for franchise tax under the Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing **WEST**  
**21** Suite, Apt. #, etc. **26** **2400 Copans Rd.**  
**22** City & State **27** **Suite # 7**  
**23** **Pompano Beach, FL**  
**24** Zip **25** **33069** **29** **USA** **30** **USA**

9. Name and Address of Current Registered Agent

**TROPP, MICHAEL L.**  
**700 S.E. 3RD AVE.**  
**SUITE 300**  
**FT. LAUDERDALE FL 33316**

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 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 required to print/register or registered agent and their agent after

PRINT Registered Agent signature required after recording

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>
NAME	<b>ZUCKER, MICHAEL S.</b>
STREET ADDRESS	<b>22504 CARAVELLE CR</b>
CITY, ST, ZIP	<b>BOCA RATON FL</b>
TITLE	<b>DP</b>
NAME	<b>GOLDMAN, ARNOLD</b>
STREET ADDRESS	<b>22567 CARAVELLE CIR.</b>
CITY, ST, ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially furnished and true and equally for the information stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information reported on this report is for signature and annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The recipient of this report is empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 305 960 -0066