

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

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # L76435 (1)**  
 1. Corporation Name  
**GDI, INC.**



Principal Place of Business  
**2400 W. COPANS RD., #8  
 POMPANO BEACH FL 33069**

Mailing Address  
**2400 W. COPANS RD., #8  
 POMPANO BEACH FL 33069-1232**

3. Date Incorporated or Qualified  
**05/30/1990**

3a. Date of Last Report  
**12/27/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21 **240 W. Palmetto Rd Rd #300**

2a. Mailing Address  
 26 **240 W. Palmetto Pk Rd #300**

Suite, Apt. #, etc.  
 22 **do MICHAEL PASZKAL**

27 **do MICHAEL PASZKAL**

City & State  
 23 **BOCA RATON, FLORIDA**

28 **BOCA RATON, FLORIDA**

Zip Country  
 24 **33432** 25 **USA**

29 **33432** 30 **USA**

9. Name and Address of Current Registered Agent  
**GOLDMAN, ARNOLD  
 22567 CARAVELLE CIR.  
 BOCA RATON FL 33433**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type of registered name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **SD ZUCKER, MICHAEL S.**

STREET ADDRESS **22504 CARAVELLE CR**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  DELETE

NAME **PD GOLDMAN, ARNOLD**

STREET ADDRESS **22567 CARAVELLE CIR.**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  DELETE

NAME **V ZUCKER, BETSY**

STREET ADDRESS **22504 CARAVELLE CR**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE  DELETE

NAME **V SANBERG, ARTHUR**

STREET ADDRESS **354 PEQUOT AVE**

CITY-ST-ZIP **SOUTHPORT CT 06490**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 officer 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: \_\_\_\_\_ Date **3-28-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0002428

CR2E034 (9/96)