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May 01 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 # M20883 (8)
1. Corporation Name
GENERAL DEVELOPMENT COMMERCIAL CREDIT CORPORATIO
N



Principal Place of Business
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

Mailing Address
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-5417

3. Date Incorporated or Qualified 09/20/1985	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2581671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
LANGLEY, MARCIA H
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

10. Name and Address of New Registered Agent
81 Name JOEL K. GOLDMAN
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr
83 City Miami
84 State FL
85 Zip Code 33133

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 *Joel K. Goldman* *Joel K. Goldman* 4/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VAS	1.1 TITLE
NAME	GOLDMAN, JOEL K.	1.2 NAME
STREET ADDRESS	2801 BAYSHORE DR	1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33133	1.4 CITY - ST - ZIP
TITLE	VO	2.1 TITLE
NAME	CARLETON, CALLIS N.	2.2 NAME
STREET ADDRESS	2601 S BAYSHORE DR	2.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33133	2.4 CITY - ST - ZIP
TITLE	VT	3.1 TITLE
NAME	FISCHER, JOHN T	3.2 NAME
STREET ADDRESS	2601 S BAYSHORE DR	3.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP
TITLE	VSD	4.1 TITLE
NAME	LANGLEY, MARCIA H	4.2 NAME
STREET ADDRESS	2601 S BAYSHORE DR 9 FL	4.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33133	4.4 CITY - ST - ZIP
TITLE	DP	5.1 TITLE
NAME	JEFFREY, THOMAS W	5.2 NAME
STREET ADDRESS	2601 S BAYSHORE DR 9 FL	5.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

1.1 TITLE	VAS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	GOLDMAN, JOEL K.	
1.3 STREET ADDRESS	2601 S. BAYSHORE DR	
1.4 CITY - ST - ZIP	MIAMI FL 33133	
2.1 TITLE	VAS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	LANGLEY, MARCIA H.	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR	
2.4 CITY - ST - ZIP	MIAMI FL 33133	
3.1 TITLE	VSD/CAS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	CARLETON, CALLIS N.	
3.3 STREET ADDRESS	2601 S. BAYSHORE DR	
3.4 CITY - ST - ZIP	MIAMI FL 33133	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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 changed, or on an attachment with an address.

SIGNATURE: *Joel K. Goldman* *Joel K. Goldman* 4/11/97 305.859.4671
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)