

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M81180 (5)

1. Corporation Name
GMCE, INC.



Principal Place of Business
14497 N. DALE MABRY HWY
STE. #115
TAMPA FL 33618
US

Mailing Address
C/O J. LAWRENCE HOSMER
180 ADMIRAL COCHRANE DR., #300
ANNAPOLIS MD 21401
US

3. Date Incorporated or Qualified
05/17/1988

3a. Date of Last Report
03/21/1995

2. Principal Place of Business
21 1131 Benfield Blvd
Suite, Apt. #, etc.
22 Suite A
City & State
23 Millersville, MD
Zip
24 21108 Country
25 USA

2a. Mailing Address
26 1131 Benfield Blvd
Suite, Apt. #, etc.
27 Suite A
City & State
28 Millersville, MD
Zip
29 21108 Country
30 USA

4. FEI Number
59-2892291

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|--------------------------------|--------------------|---------------------------------|
| DP | HOSMER, LAWRENCE J | 180 ADMIRAL COCHRANE DR., #300 | ANNAPOLIS MD 21401 | <input type="checkbox"/> |
| VS | RORECH, GREGORY J | 14497 N. DALE MABRY HWY #155 | TAMPA FL 33618 | <input type="checkbox"/> |
| V | REID, JAMES J | 6209 RIVERSIDE DR STE 1 S | DUBLIN OH | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|-----------|----------|------------------------------|------------------------|---|
| T | | 1131 Benfield Blvd, Suite A | Millersville, MD 21108 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4700 Lakehurst Ct., Ste. 100 | Dublin, OH 43017 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.12.96

Date

410/967-0032

Daytime Phone #

CR2E034 (12/95)