

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000062410

1. Entity Name
GDS REALTY INC.



Principal Place of Business
**960 N.W. 121ST AVE.
CORAL SPRINGS, FL 33071**

Mailing Address
**960 N.W. 121ST AVE.
CORAL SPRINGS, FL 33071**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0712824

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**HUME, JOHN
1401 UNIVERSITY DR STE 301
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAINUCK, GERALD D 960 NW 121ST AVE CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000006424 01/16/04-80033-020 150.00 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald D. Schainuck* - **Gerald D. Schainuck** 1-8-2004 984-344-8961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #