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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 # P25474 (8)
1. Corporation Name
GENERAL DEVELOPMENT ACCEPTANCE CORPORATION



Principal Place of Business Mailing Address
LEGAL DEPT. 9TH FLOOR LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR 2601 S BAYSHORE DR
MIAMI FL 33133-2461 MIAMI FL 33133-5417

3. Date Incorporated or Qualified 08/03/1989 3a. Date of Last Report 04/16/1996
4. FEI Number 65-0128497 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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

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 9th Floor
84 City MIAMI 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 [Signature] 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
TITLE DP ☐ DELETE
NAME JEFFREY THOMAS W.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL
TITLE VSD ☐ DELETE
NAME LANGLEY, MARCIA H.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133
TITLE VT ☐ DELETE
NAME FISCHER, JOHN H.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL
TITLE VAS ☐ DELETE
NAME GOLDMAN, JOEL K.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133
TITLE VD ☐ DELETE
NAME CARLETON, CALLIS
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VSD ☒ Change ☐ Addition
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 ☐ Addition
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 VIDICIAS ☒ Change ☐ Addition
3.2 NAME CARLETON, CALLIS N.
3.3 STREET ADDRESS 2601 S. BAYSHORE DRIVE
3.4 CITY-ST-ZIP MIAMI FL 33133
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 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] JOEL K. GOLDMAN 4/11/97 305-859-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)