

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

FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25503** (4)  
1. Corporation Name  
**GP RENFLO, INC.**



Principal Place of Business <b>6305 WESTWOOD BLVD. SUITE 800 ORLANDO FL 32821 US</b>		Mailing Address <b>6305 WESTWOOD BLVD. SUITE 800 ORLANDO FL 32821-6007 US</b>		3. Date Incorporated or Qualified <b>08/07/1989</b>	3a. Date of Last Report <b>05/14/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>38-2881091</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SINGER, GARY 6305 WESTWOOD BLVD 6200 ORLANDO FL 32821</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b>
				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	PTD	<input type="checkbox"/> DELETE			
NAME	STOLLMAN, BERNARD H.				
STREET ADDRESS	2025 W LONG LAKE RD #104				
CITY-ST-ZIP	TROY MI				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SINGER, GARY				
STREET ADDRESS	6305 WESTWOOD BLVD 6200				
CITY-ST-ZIP	ORLANDO FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	ZLOTOFF, PAUL M.				
STREET ADDRESS	280 DAINES ST, STE 300				
CITY-ST-ZIP	BIRMINGHAM MI				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE **GARY SINGER, Vice President 6/10/97**

CR2E034 (9/96)

June 10, 1997

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Re: **GP Renflo, Inc.**  
**Document No. P25503**

Please find enclosed the 1997 Annual Report for the above referenced entity as well as check #2505 in the amount of \$558.75.

Annual Filing Fee	\$550.00
Certificate of Status	8.75
	<u>\$558.75</u>

Should you have any questions, please feel free to contact me directly @ (407) 352-2233.

Sincerely,  
GP RENFLO, INC.

  
Michael S. Meyer  
Controller

Return Certificate of Status to:  
c/o Unibilt Development Company  
6305 Westwood Blvd., Suite 200  
Orlando, Florida 32821