

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90033 004 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25503
 1. Corporation Name
GP RENFLO, INC.

Principal Place of Business 6305 WESTWOOD BLVD. SUITE 200 ORLANDO FL 32821 US	Mailing Address 6305 WESTWOOD BLVD. SUITE 200 ORLANDO FL 32821 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2901 W State Road 434 Suite, Apt. #, etc.	2a. Mailing Address 26 2901 W State Road 434 Suite, Apt. #, etc.
22 Suite #141 City & State	27 Suite #141 City & State
23 Longwood, FL Zip Country	28 Longwood, FL Zip Country
24 32779 25 Seminole	29 32779 30 Seminole

3. Date Incorporated or Qualified 08/07/1989	Applied For Not Applicable
4. FEI Number 38-2881091	5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SINGER, GARY
 6305 WESTWOOD BLVD
 S200
 ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2901 W State Road 434
83 Suite #141
84 City Longwood, FL 85 Zip Code 32779

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 *Gary Singer* **Gary Singer, Vice President** 03/25/99
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 S200	
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		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2901 W State Rd 434, Ste. 141
2.4 CITY-ST-ZIP	Longwood, FL 32779
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 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, with all other like empowered.

SIGNATURE: *Gary Singer* **Gary Singer, Vice President** 03/25/99 (407) 772-0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)