

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

FILED

Apr 04 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 # P38830 (6)
 1. Corporation Name
GAKEER FINANCIAL AGENCY, INC.

Principal Place of Business 15 W. CHURCH ST. SUITE 201 ORLANDO FL 32801 US	Mailing Address 15 W. CHURCH ST. SUITE 201 ORLANDO FL 32801-3350 US
--	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/13/1992	3a. Date of Last Report 05/01/1996
		4. FEI Number 34-1284523	Applied For Not Applicable
		5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent O'BRIEN, FRANK C. 15 W. CHURCH ST. #201 ORLANDO FL 32801	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, FRANK C.	1.2 NAME	
STREET ADDRESS	104 CAMPHOR TREE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPNG. FL	1.4 CITY - ST - ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, GAYLE T.	2.2 NAME	
STREET ADDRESS	104 CAMPHOR TREE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPNG. FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, KELLI O.	3.2 NAME	
STREET ADDRESS	704 AMELIA ST.	3.3 STREET ADDRESS	1630 GLADIOLAS DR.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	WINTER PARK, FL 32792
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTO, ERIN O.	4.2 NAME	
STREET ADDRESS	10832 STARR RD	4.3 STREET ADDRESS	2422 N. LAKE BRANDT PLACE
CITY - ST - ZIP	WADE FORREST NC	4.4 CITY - ST - ZIP	GREENSBORO NC 27455
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BREIN, FRANK C.	5.2 NAME	
STREET ADDRESS	104 CAMPHOR TREE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPNG. FL	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, GAYLE T.	6.2 NAME	
STREET ADDRESS	104 CAMPHOR TREE LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPNG. FL	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: *Paul J. O'Brien* **REQUIRED** Date: 3/31/97 (407) 246 1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)