AMENDED --- AMENDED

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

1997 SEP 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055169

1. Corporation Name

G.N.M. ENTERPRISES, INC.

700002301827--2

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 8/5/93
3a. Date of Last Report: 1/29/97

2. Principal Place of Business	2a. Mailing Address
21 240 NO. CONGRESS AVE.	26 1001 NO U.S. HWY ONE
22 Suite, Apt. #, etc.	27 600-A
23 BOYNTON BEACH, FL	28 JUPITER, FL.
24 Zip 33431 / 25 Country USA	29 Zip FL / 30 Country USA

4. FEI Number: 65-0432139 ☐ 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

9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MATIN J HASEY, ESQ.
2500 NO MILITARY TRAIL, STE 260
BOCA RATON, FL. 33431 USA

10. Name and Address of New Registered Agent

61 Name: ALLEN STEINHORN
62 Street Address (P.O. Box Number is Not Acceptable): 1001 NO U.S. HWY ONE
63: STE 600-A
64 City: JUPITER, FL. FL 65 Zip Code: 33477

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 _____ 9/16/97
Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NICHOLAS PAGANO 2500 N MILITARY TRAIL, STE 260 BOCA RATON, FL. 33431	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIR-PRES DAVID DISTASIO 240 NO CONGRESS AVE BOYNTON BEACH, FL. 33431 USA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECTY ALLEN STEINHORN 1001 NO U.S. HWY ONE, STE 600-A JUPITER, FL. 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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; th. 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 _____ 9/16/97 561 744 3884

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 539723 130826A

AUTHORIZATION : Patricia Pyjut

COST LIMIT : $61.25

ORDER DATE : September 23, 1997

ORDER TIME : 11:11 AM

ORDER NO. : 539723-005

CUSTOMER NO: 130826A 700002301327--2

CUSTOMER: Mr. Allen A. Steinhorn
Allen Steinhorn & Co., Inc.
Suite 600
1001 North U.s. Highway One
Jupiter, FL 33477

ANNUAL REPORT FILING

NAME: G.N.M. ENTERPRISES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons

EXAMINER'S INITIALS: _____

RECEIVED
97 SEP 23 PM 1:09
DIVISION OF CORPORATION