

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000075284 (8)**

1. Corporation Name

GH PARTNERSHIP HOLDINGS MLD, INC.



Principal Place of Business

**3627 UNIVERSITY BLVD. SOUTH
STE. 840
JACKSONVILLE FL 32216**

Mailing Address

**3627 UNIVERSITY BLVD. SOUTH
STE. 840
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3232803

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEIGER, ALLAN T
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207**

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

Signature required to print name of registered agent, where applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DC BROWN, J B MD**
STREET ADDRESS **3627 UNIVERSITY DRIVE SOUTH ST. 840**
CITY, ST, ZIP **JACKSONVILLE FL 32216**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME **DP CARROLL, DAVID W MD**
STREET ADDRESS **3627 UNIVERSITY DRIVE SOUTH ST. 840**
CITY, ST, ZIP **JACKSONVILLE FL 32216**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME **DSTV BAER, DOUGLAS M MD**
STREET ADDRESS **3627 UNIVERSITY DRIVE SOUTH ST. 840**
CITY, ST, ZIP **JACKSONVILLE FL 32216**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 awarded, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Do格拉斯 M. Baer

3/6/96

904-391-1205

Date: Day: Month: Year

CR2E034 (12/95)