

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -6 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020003 (7)

1. Corporation Name

G. D. ASSOCIATES, INC.

Principal Place of Business

5650 CAMINO DEL SOL  
APT. 400  
BOCA RATON FL 33433

Mailing Address

5650 CAMINO DEL SOL  
APT. 400  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/14/1994

3a. Date of Last Report

4. FEI Number

65-0481099

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

8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEAN, GUINN  
5650 CAMINO DEL SOL  
APT. 400  
BOCA RATON FL 33433

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

Signature of an officer or director of the corporation or the registered agent and the date

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DEAN, GUINN  
STREET ADDRESS 5650 CAMINO DEL SOL APT. 400  
CITY, ST, ZIP BOCA RATON FL 33433

TITLE VP/S

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P/T

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

VP/S

Carole Sutton

5650 Camino Del Sol Apt 400

BOCA RATON, FL 33433

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and it was not given for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition report with an address.

SIGNATURE:

*Guinn Dean*

SIGNATURE AND TYPED (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95

4107-392-4777