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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000032636 (0)

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FLORIDA GMG, INC.

Principal Place of Business

Mailing Address

2a, Mailing Address

City & State

Suite, Apt. #, etc.

1561 S. CONGRESS AVENUE DELRAY BEACH FL 33445

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1561 S. CONGRESS AVENUE DELRAY BEACH FL 33445

FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

04/28/1994

65-0483032

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23					28							Trust Fund Contribution						-
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24		25			29 30			<u>o</u> _	_,			Personal Property Tax due June 30. Yes No						
	g. Name	and Ad	dress of Curre	nt Reg	gistere	d Agent			81	N		10. Name and Addr	ess of New	Registered A	gent			_
GULLA, GRACE										Name								
160 YUCATAN DRIVE										82 Street Address (P.O. Box Number is Not Acceptable)								
PALM SPRINGS FL 33461																		_
																		- }
										City				F*1	85	Zip C	ode	\neg
												ation outsaits thin state		FL				_
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.															۱ ٔ			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE															.			
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14. I hereby c	ertify that the	inform	ation supplied w	ith thi	s filing	does not qu	alify for t	he exe	mplic	on stated	d in Sec	ction 119.07(3)(i), Flo	rida Statutes	. I further cer	tify the	t the i	nformation	\forall
officer or o	director of the	e corpoi	: or supplement: ration or the rec ed, or on an atta	eiver o	or trust	ee empower	ed to ex	ate and ocule t	that his re	my sign	nature s require	shall have the same le ed by Chapter 607, Fl	orida Statute	s; and that m	ler oat y nam	h; tha! e app	l am an ears in	
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