

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

APPROVED AND FILED

95 APR 20 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000053945 (9)

1. Corporation Name:
GDA ASSOCIATES, INC.

Principal Place of Business Mailing Address
9321 WEST SAMPLE ROAD 9321 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/19/1994** 3a. Date of Last Report

4. FEI Number: **65-0507278** Applied For: Not Applicable

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

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 190.002, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. 26.
Suite, Apt #, etc. Suite, Apt #, etc.
22. 27.
City & State City & State
23. 28.
Zip Country Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
GREENE, MICHAEL E
210 UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
B1 Name: **Stephen Montagnino**
B2 Street Address (P.O. Box Number is Not Acceptable): **7003 N.W. 38th Manor**
B3
B4 City: **Coral Springs** FL B5 Zip Code: **33065**

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, wholly 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 607.1503, Florida Statutes.

SIGNATURE: *Stephen Montagnino* DATE: **4-14-95**
Signature typed or printed name of registered agent (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTAGNINO, STEPHEN
STREET ADDRESS	7003 N.W. 38TH MANOR
CITY - ST - ZIP	CORAL SPRINGS FL 33065
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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(g), 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 an officer, or in an attached form with an address.

SIGNATURE: *Stephen Montagnino* DATE: **4-14-95** TELEPHONE: **305-752-0008**
Signature and typed or printed name of signing officer or director DATE Telephone Number