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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400076139 (2)

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GIOMAR, INC.						I IA BIEDAENIA IBNI AIDIN BIDIN BAIELD	ANN ANN ANN AN	1818	1 HILL 18 H 18 A
51 181 7	B	ha-fl A-b-l							
Principal Place of Business Mailing Address									
4751 NW 10TH PLANTATION FL	COURT, SUITE 304 L 33313	4751 NW 10TH COURT PLANTATION FL 33313							
					;	 Date Incorporated or Qualifie 10/17/1994 		e of Last Re)4/07/199	
2. Principal Place of Business 2a.		2a. Mailing Address	a. Mailing Address					▶↓	ppled For
26						65-0543113			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		+ - · · · -	Additional Required
City & State		City & State				6. Election Campaign Financing			May Be
City & State		28	harmy '		'	Trust Fund Contribution			I to Fees
Zip			Country			8. This corporation has liability for intangible tax under s. 199.032,			
4	25	29	30				es I No		
	9. Name and Address of Curr	ent Registered Agent				Name and Address of Nev	v Registered	Agent	
	_	•	l*	1 Name)				
CLAMP, A. BRUCE			8	2 Street	Address	(P.O. Box Number is Not Accep	table)	C	> //
	NIVERSITY BLVD		,	3 41	51 A	W 10'10 - C	1PT	SUITE	504
SUITE 101-4 PLANTATION FL 33322				3					
PLANIAII	UN FL 33322		ε	4 City	0, , ,	200-1	Fŧ	85 J	Code, 2
44. Dura iont to f	the provisions of Sections 607.05	02 and 607 1508. Florida Stalut	es the above	named co	C/T/N	submits this statement for the		- !	edistered office
or registered	l agent, or both, in the State of Floand accept the obligations of, Se	erida. Such change was authoriz	ed by the co	rporation's	s board of	directors. I hereby accept the a	ppointment a	s registered	agent. I am
SIGNATURE									
Sign	nrature, typed or printed name of registered ag		ITE Registered A	gent signaturu r	required whe		DATE	D DIDEO10	DO INLAD
12.	OFFICERS A	AND DIRECTORS DELETE	13.		т	ADDITIONS/CHANGES TO C	OFFICERS AN	Change	HS IN 12 Addition
TIFLE	FRANCO, MARTINE D	C) bettie	1. 1 TITU 1.2 NAM					□ o.m.gc	Madition
NAME CARECT + CORREGE	4751 NW 10TH CT. APT 30	N 4		ELI ADDRESS					
STREET ADDRESS	PLANTATION FL	T		-ST-ZIP	'				
CITY-ST-ZIP TITLE	VPST	DELETE	2. 1 TITI					Change	Addition
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TITLE		☐ DELETE	4. 1 TIT					☐ Change	Add:tion
NAME			4 2 NAN						•
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TITLE NAME			5 2 NAN 5 3 STR		<u>. </u>				
NAME STREET ADDRESS			5 3 STR	eet address	3				
TITLE NAME		☐ DELETE	5 3 STR	EE1 ADDRESS 7-S1-ZIP	3			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 3 STR 5.4 CITY	EET ADDRESS 7-ST-ZIP LE				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5 3 STR 5.4 CIT 6 1 T:T 6 2 NAM	EET ADDRESS 7-ST-ZIP LE			····· / - -	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplie		5 3 STR 5.4 CIT 6 1 T:T 6 2 NAN 6 3 STR 6 4 CIT	EET ADDRESS (-ST-ZIP LE AT EET ADDRESS (-ST-ZIP	8				

SIGNATURE:

VPST 3-19-96 361-581-0251