

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED AND FILED**

95 JUN 29 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P94000092537 (7)**

1. Corporation Name

**GMN REP. INC.**

Principal Place of Business Mailing Address

8491 S.W. 30TH ST.  
DAVIE FL 33326

8491 S.W. 30TH ST.  
DAVIE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/20/1994

4. FEI Number

65-0542605

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATZKE, GEORGE D  
8491 S.W. 30TH ST.  
DAVIE FL 33326**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and title if applicable.

(B2)(11. Registered Agent signature required when registering)

(B4)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
MATZKE, GEORGE D  
8491 S.W. 30TH ST.  
DAVIE FL 33326

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

P/D

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
MATZKE, NANCY L  
8491 S.W. 30TH ST.  
DAVIE FL 33326

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

S/T/D

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

JST 7/27

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

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 (07.030), 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 changed, or on an attachment with an address.

SIGNATURE: *George D. Matzke* **GEORGE D. MATZKE PRES/DIR** June 22, 1995 305-475-2692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E034 (3/95)