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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036468 (3)

G-P MX, INC.

Principal Place of Business

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



2295 CORPORATE BLVD. SUITE 222 BOCA RATON FL 33431		P.O. BOX 5010 BOCA RATON FL 33431-0810			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					3. Date incorporated or Qualified 05/09/1995			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0579173		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & St	tte City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur	rent year In	tangible	
24	25	29 30	<u>) </u>					
9. Name and Address of Current Registered Agent 10. Name and Address of New I								
THE HERRICK COMPANY, INC.				81 Name				
2295 CORPORATE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)				
	SUITE 222 BOCA RATON FL 33431			83				
	DOUG RATON PL 33431			1				
			84	City	FL	85 Zip	Code	
11. Pursuar	nt to the provisions of Sections 607 0502	and 607.1508, Florida Statutes.	the abov	re-named	corporation submits this statement for the purpose of	changing i	ts registered	
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, typod or proved name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	PDS	DELETE	1.1 TITLE		POST	Change	Addition §	
NAME	NORTON HERRICK		1.2 NAME		,		[2	
STREET ADDRESS 2295 CORPORATE BLVD, NW SUITE 222			1.3 STREE	T ADDRESS			[8	
CITY-ST-ZIP	⊮ BOCA RATON FL			ST-ZIP			[8	
TITLE	VPAS	DELETE	2.1 TITLE			Change	Addition	
NAME	HOWARD HERRICK 222 NA		2.2 NAME					
STREET ADDRESS	s 20 COMMUNITY PL		2.3 STREE	t address				
CITY-ST-ZIP	MORRISTOWN N 2.40		2. 4 CITY-	ST-ZIP	<u> </u>			
TITLE	VAST	☐ DELETE	3.1 TITLE		VAS	Change	Addition	
NAME	MICHAEL HERRICK 32 N							
STREET ADDRESS	ss 2295 CORPORATE BLVD, NW,SUITE 222 3			T ADDRESS			}	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY -	ST-ZIP				
TITLE	1	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS	s Į		4.3 STREE	T ADDRESS			!	
CITY-ST-ZIP			4.4 CITY~	ST-ZIP		T		
TITLE	1	☐ DELETE	5.1 TITLE			L Change	L_j Addition	
NAME			5.2 NAME					
STREET ADDRESS	s		5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP		T pourte	5.4 CITY - 1	ST-ZIP		T 05	1.4490	
TITLE	1	L DELETE	6.1 TITLE		1	Change	Addition	
NAME	.1		6.2 NAME				ļ	
STREET ADDRESS	s }			T ADDRESS			1	
CITY-ST-ZIP	contity that the interval uses a second	this filing doop ast suclify for the	6.4 CITY-		nd is Continu 110 07/9/0) Florida Cint. dog 15 miles	etifu that et.	loformetion	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplighental 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 in tiple receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, for an analysis and the address.								
SIGNATURE: VP 3/20/98 56/-24/9880								