

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000042117 (8)

1. Corporation Name

GMD ASSOCIATES, INC.

Principal Place of Business

300 COLUMBIA DR.  
3508  
CAPE CANAVERAL FL 32920  
US

Mailing Address

300 COLUMBIA DR.  
3508  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/31/1995
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3334622
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
DEAL, GARY M 300 COLUMBIA DRIVE, # 3508 CAPE CANAVERAL FL 32920		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent	
81 Name	RANDELL, DAVID
82 Street Address (P.O. Box Number is Not Acceptable)	9840 SW 152 TERRACE
83	
84 City	MIAMI
85 Zip Code	FL 33157

11. Pursuant to the provisions of Sections 607.0505 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input type="checkbox"/> DELETE	1.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, GARY M	1.2 NAME	DEAL, GARY M
STREET ADDRESS	300 COLUMBIA DR. #3508	1.3 STREET ADDRESS	300 COLUMBIA DR. #3508
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RANDELL, DAVID
STREET ADDRESS		2.3 STREET ADDRESS	9840 SW 152 TERRACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:



GARY M. DEAL

4-13-98 407-799-2990

CR2E034 (10/97)