

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000048112 (3)

1. Corporation Name

GMS OF SOUTH FLORIDA, INC.



Principal Place of Business

808 MALLARD DR
DELRAY BEACH FL 33444

Mailing Address

808 MALLARD DR
DELRAY BEACH FL 33444

2. Principal Place of Business

2a. Mailing Address

21 130 NW 20th St.

26 130 N.W. 20th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 56

27 56

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Zip

24 33432

29 33432

25 Palm Bch.

30 Palm Beach

9. Name and Address of Current Registered Agent

GOTTES, DAVID
808 MALLARD DR
DELRAY BEACH FL 33444

81 Name

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

83

84 City

FL

85 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 of officer or director of corporation (if applicable)

Signature of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOTTES, DAVID
808 MALLARD DR
DELRAY BEACH FL 33444

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
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Change Addition

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Change Addition

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333 STREET ADDRESS
334 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 119.07(3)(k), 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: David Gottes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (407) 362-6180

05/11/96

CR2E034 (12/95)