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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90051 029 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049424

1. Corporation Name

GDL ASSOCIATES, INC.

Principal Place of Business

437 TROTTERS LANE
WEST PALM BEACH FL 33413
US

Mailing Address

6342 FOREST HILL BLVD #174
WEST PALM BEACH FL 33415
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

65-0588324

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. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDWIG, GERMAIN D
6342 FOREST HILL BLVD #174
WEST PALM BEACH FL 33415

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, 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 D ☐ DELETE

NAME LUDWIG, BRADLEY N
STREET ADDRESS 19 DOBSON RD
CITY-ST-ZIP OLD BRIDGE NJ 08857

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LUDWIG, GERMAINE A
STREET ADDRESS 805 S WITCHGRASS ISLAND RD
CITY-ST-ZIP COCOA FL 32926

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HOFFMAN, COURTNEY D
STREET ADDRESS 6915 HORWAY RD
CITY-ST-ZIP SAN PRAIRIE WI

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HOFFMAN, RANDALL
STREET ADDRESS 69125 NORWAY RD
CITY-ST-ZIP SUN PRAIRIE WI

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LUDWIG, KYLE
STREET ADDRESS 2375 MOTOR PKWY
CITY-ST-ZIP RONKONKOMA NY

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LUDWIG, JANINE
STREET ADDRESS 19 DOBSON RD
CITY-ST-ZIP OLDBRIDGE NJ

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

Date

561 434 1060

Daytime Phone #

CR2E034 (1/1/98)