SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION: ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

 Secretary of State DIVISION OF CORPORATIONS

P95000084761 (2) DOCUMENT #

GDT PROPERTIES, INC.



97 OCT 21 AM 10: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address											3 1001(00) (10 (016) 01() 00)() 00() 00()		KII DIBALID		I IABA INDI
215 NORTH EOLA DRIVE ORLANDO FL 32801					215 NORTH EOLA DRIVE ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE						
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2, Principal Pl				2a, Mailing Address					4.				-	lied For	
21 773 Suite, Apt.	# etc	N7.K	20]	Suite, Apt. #, etc.					├	59-3349513		\$R		Applicable dditional	
22			27	<u></u>				_	Certificate of Status Desired		Fe	ee Req	uired		
City & State 23 CLER	MONT	F	28	h-n					6.	Election Campaign Financing Trust Fund Contribution			.00 M ded to		
Zip	Country				Ζip		Countr	•		8.	This corporation owes or has pai	id the cu	irrent ye	ar Intai	ngible
24 347/				29				us			Personal Property Tax due June 30. X Yes No				
		ddress of Curren	t Regis	tered Agent	81	п -	Nama	10. Name and Address of New Registered Agent							
KERN, JOSEPH G									Name						
215 NORTH EOLA DRIVE ORLANDO FL 32801							82	2	Street Addres	ss (P.O. Box Number is Not Acceptable)					
ŲK	ILANDU FL	32801				83	13								
							84		City				85	Zip Co	nde
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office or re	registered ag	ent, or	Sections 607,0500 both, in the State accept the obliga	of Florid	da. Such changi	e was auth-	orized b	by ti	named corpo he corporatio	ratio n's t	in submits this statement for the popular of directors. I hereby acception	urpose of the ap	of chang pointme	ing its nt as re	registered egistered
SIGNATURE	B/	· · · ·										D. 17	···		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS								Registered Agent signature require			Teinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	n nibe(CTORS	IN 12
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44 I do hereb	ov certify that	the inf	ormation cumpling	Lwith th	ie filina doge ac	t mualify fo	the ev	ami	ntion stated in	n Ca	ction 119 07/3)(i) Florida Statutes	Lfurthe	or partifu	that th	

I do hereby certify that the information supplied with his illing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I fluther 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 hame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE: