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

Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P95000091616 (9) DOCUMENT # **GFP CORPORATION** Principal Place of Business Mailing Address 6576 W ATLANTIC AVENUE 6576 W ATLANTIC AVENUE **DELRAY BEACH FL 33446 DELRAY BEACH FL 33446** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1995 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-2637598 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country ZID This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 84 City 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 little if applicable (NOTE: Registered Agen) signature required when reinstating) OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE TITLE NAME MENARDY, PATRICIA 1.2 NAME STREET ADDRESS 6576 W ATLANTIC AVENUE 1.3 STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE MENARDY, FRANZ NAME 2.2 NAME 6576 W ATLANTIC AVENUE STREET ADDRESS 2.3 STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ■ Addition TITLE NAME 4. 2 NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 cappy ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

51 TIFLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Addition

Addition

FILED