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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026770 (3)

GMCI	NVESTMENT GROUP, INC	•			
Principal Place of Business Mailing Address					# 11818
1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904-97			70		
 				03/21/1996	a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	Arr ver	65-0651293	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	6	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for intan	
24	25		30	Florida Statutes	s No
	9. Name and Address of Curre			10. Name and Address of New Registe	
HILL	, THOMAS W		81 Name		
1318 LAFAYETTE STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33904				(
1			83		
i			84 City		85 Zip Code
					FL
office or r agent. I a SIGNATURE	registered agent, or both, in the Statum familiar with, and accept the oblig signalure, typed or proted name of registered as		uthorized by the corporal rida Statutes. Registered Agent signature requi	oration submits this statement for the purpo- tion's board of directors. I hereby accept the rod when rens along)	e appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	MAIER, GUENTHER		1.2 NAME		
STREET ADDRESS	1318 LAFAYETTE STREET		1.3 STREET ADDRESS		`
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY - ST - ZIP		
TITLE	D	<u>↓</u> DELETE	21 TITLE		Change Addition
NAME	HILL, THOMAS W		22 NAME		
STREET ADDRESS	1318 LAFAYETTE STREET		2.3 STRUFT ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904	T DELETE	2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME CYPEET ADDRESS			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	}	LJ bittere	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 T(TLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(TY-ST-7)P		
TITLE		DELETE	6111/11		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY - ST- ZIP		

14. I do 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.

HONATURE ALANGED A POMIN OF CATA

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FILED

May 07 1997 8:00am

Secretary of State