

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068082 (2)

1. Corporation Name
GMAG-II, INC.

Principal Place of Business
2051 SUNNYDALE BOULEVARD
CLEARWATER FL 34625

Mailing Address
2051 SUNNYDALE BOULEVARD
CLEARWATER FL 34625-1202



3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
4. FEI Number 59-3393355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MILLER, GARY M
2051 SUNNYDALE BOULEVARD
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Gary M. Miller CEO Gary M. Miller DATE April 25, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	BYRON M. MOON
STREET ADDRESS		1.3 STREET ADDRESS	1919 Arlington Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Des Moines, IA 50314
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARC S. MOON
STREET ADDRESS		2.3 STREET ADDRESS	608 Grandview Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Des Moines Iowa 50314
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CEO/T/AS
STREET ADDRESS		3.3 STREET ADDRESS	GARY M. MILLER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	501 WALKER ROAD
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ANDREW G. MILLER
STREET ADDRESS		4.3 STREET ADDRESS	6575 SPANISH Moss CIRCU
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33625
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S/AS/D
STREET ADDRESS		5.3 STREET ADDRESS	MICHAEL J PERFETTI
CITY-ST-ZIP		5.4 CITY-ST-ZIP	971 NORTH RIDGE DR.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PRM HARBOR, FL 34687
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)