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FILE NOW: FILING FEE AFTER MAY 1-19 \$550.00

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997-1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

GDM VISION, INC.

pg 70000017945

Principal Place of Business

Mailing Address

Douglas Louis Aber
GDM Vision, Inc.
23375 Janice Ave.
Port Charlotte, Fl. 33980

23375 Janice Ave.
Port Charlotte, Fl.
33980

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt # etc

26. Suite Apt # etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

3. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Douglas L. Aber
3501 Beacon Dr.
Port Charlotte, Fl. 33980

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 of registered agent or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Aber, Douglas Louis Pres ☐ DELETE

NAME 3501 Beacon Dr.
STREET ADDRESS Port Charlotte, Fl. 33980
CITY- ST- ZIP

2. TITLE VP ☐ DELETE

NAME Schilstra, Glenn
STREET ADDRESS 3422 Melissa Ct.
CITY- ST- ZIP Port Charlotte, Fl. 33980

3. TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY- ST- ZIP ☐ DELETE

4. TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY- ST- ZIP ☐ DELETE

5. TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY- ST- ZIP ☐ DELETE

6. TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY- ST- ZIP ☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

000002572010

06/25/98-01020-007

***150.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. 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)