

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

FILED

May 21 1998 8:00am
Secretary of State

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

DOCUMENT # **P97000027314 (8)**

1. Corporation Name

GAMMA RHO CORPORATION

Principal Place of Business

**3469 SUMMIT BLVD.
WEST PALM BEACH FL 33406**

Mailing Address

**3469 SUMMIT BLVD.
WEST PALM BEACH FL 33406**




DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-------------------------------|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/26/1997 | |
| 21 1903 S. Congress Ave | 26 PO Box 3687 | 4. FEI Number 582379978 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 Ste. 100 | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Boynton Beach, FL | 28 Boynton Beach, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 33426 | 25 USA | 29 33424 | | 30 USA | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| TRIMMIE, CHARLES S III 3469 SUMMIT BLVD. WEST PALM BEACH FL 33406 | | | | 81 Name Charles S Trimmie III 82 Street Address (P.O. Box Number is Not Acceptable) 1903 S. Congress Ave 83 Ste. 100 84 City Boynton Beach, FL 85 Zip Code 33426 | |

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

 **CHARLES S TRIMMIE III**

(NOTE: Registered Agent signature required when reinstating)

4/24/98

DATE

| | | | |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TRIMMIE, CHARLES S III | 1.2 NAME | C. Stephen Trimmie |
| STREET ADDRESS | 3469 SUMMIT BLVD. | 1.3 STREET ADDRESS | 1903 S. Congress Ave, Ste 100 |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | 1.4 CITY-ST-ZIP | Boynton Beach, FL 33426 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | TRIMMIE, Charles S III |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1903 S. Congress Ave, Ste 100 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Boynton Beach, FL 33426 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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.

SIGNATURE:  **Charles S. Trimmie III** **4/24/98** **561-375-9484**

CR2E034 (10/97)