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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032639 (1)

GAYLEE

G.M. VENTURES, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



701 W. CYPRESS CREEK ROAD 701 W. CYPRESS CREEK ROAD SUITE 302 SLIFTE 302 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 04/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 900 S.W 49 26 900 S.W Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required Cilv & State 6. Election Campaign Financing \$5.00 May Be FLORIDE , FLORIDA 28 MARGAT Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MREJEN, ARIE P.A. 701 W. CYPRESS CREEK ROAD SUITE 302 FT. LAUDERDALE FL 33309 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 Statute.

Signature: Signature, typoda's pointed frame of registered agent and title if application. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE MEYERSON. MYERSON, GAYLE NAME 1.2 NAME 900 Sw 49 701 W. CYPRESS CREEK ROAD, #302 STREET ADDRESS 1.3 STREET ADDRESS MARGATE, FT. LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP __ DELETE 3.1 TITLE Change Addition TIME NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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.