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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700068704 (0)

G.D.C. OF SOUTH FLORIDA CORP. Principal Place of Business Mailing Address 41 SOUTHEAST 9TH STREET 41 SOUTHEAST 9TH STREET SUITE 4E SUITE 4E DO NOT WRITE IN THIS SPACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 08/08/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0772578 Not Applicable 26 Suite Apl # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Žio Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regulared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE COAN, JEFFREY A 1.2 NAME NAME 41 SOUTHEAST 9TH STREET STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33441** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADORESS 2.3 STREET ADORESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP Addition DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME

14. Thereby 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 it 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, of on an attachment with an address.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 City-St-7iP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

CITY-ST-ZIP

TITLE

NAME

1-14-98

954-977-3547

Change

Addition

FILED

Feb 11 1998 8:00am

Secretary of State