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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000102377 (3)

GORDON THOMAS CAPITAL MANAGEMENT, INC.

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 1001190 710 10111 10111 10111 10111 10111			
1833 SOUTH OCEAN DR. APT 1601 1833 SOUTH OCEAN DR. APT 1601								
HALLANDALE	FL 33009	HALLANDALE	HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	- AUL	
						12/04/1997		
9 Principal P	iace of Business	2a. Mailing Ad	dress			4. FEI Number	TA:	oplied For
	INCO OF BUSINESS					65-0801669	<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apl. #, etc.					Additional
22		<u></u>	27			5. Certificate of Status Desired	· · · ·	equired
City & State			City & State			6. Election Campaign Financing		May Be
23		} <u>-</u> 1	28			Trust Fund Contribution		to Fees
Zip			Country	<del></del>	8. This corporation owes or has paid the curr	ent vear lot	iangible	
24	25	29	30	¬ '				No
	9. Name and Address of Cur					10. Name and Address of New Registered	gent	
GC	PROON, JEFFREY M		11	81	Name			
4000 COUTU COFAN OR ART 4004				00	82 Street Address (P.O. Box Number is Not Acceptable)			
HALLANDALE FL 33009					Street Ad	Address (P.O. Box Number is Not Acceptable)		
11/7	ELPHOADE I E 00000			83				
				84	City	FL	<b>85</b> Zip	Code
44 Pureuant	to the provisions of Sections 607	0502 and 607 1508 FI	orida Statutes	the above	e-named co	· · · · · · · · · · · · · · · · · · ·	L L changing it	Is registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or proted name of registered again and otto if applicable (NOTE: Begistered Agent signature required when reinstating)  DATE								
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE			Change	Addition
NAME	GORDON, JEFFREY M			1.2 NAME	ļ			
STREET ADDRESS	STREET ADDRESS 1833 SOUTH OCEAN DR. APT 1601			1.3 STREET	ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			1.4 CITY - S	I-ZIP			
TITLE	D		DELETE	2.1 TITLE			Change	Addition
NAME	CATHEY, THOMAS T			2.2 NAME				
STREET ADDRESS	90 WINDHAM RD			2.3 STREET	ADDRESS			}
CITY-ST-ZIP	MARLBOROUGH CT 0644	7		2. 4 CITY-1	ST-ZIP			İ
TITLE			DELETE	3.1 TiTLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - 1	ST-ZIP			
TITLE	12		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				j
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	IT-ZIP			-
TITLE			DELETE	51 TITLE			Change	Addition
NAME				52 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY- S				
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY- S	- 1			
01117-017-60	<del></del>			J		in Caption 110 07(2\(ii) Elevida Statuton I further on	etif Alama Alam	information

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. Frurtner 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 or fair attackment with an address.