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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

03-25-1999 90062 016 ***150.00

DOCUMENT # P97000106219

Country

GMRI Florida, Inc.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

5900 Lake Ellenor Drive Orlando, FL 32809

DO NOT WI	RITEIN	THIS	SPACE
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4. FEI Number

59-34809444

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

1	[25]	29	30			Personal Pro	perty Tax.		€ Yes	
	9. Name and Address of Current R	egistered Agent				10. Name and A	ddress of New	Registered	Agent	
Corpora	tion Service Company			81	Name					
1201 Ha				82	Street Add	ress (P.O. Box Num	ber is Not Accept	table)		
	ssee, FL 32301-2525						_			
rarrana	BBEE/ II 52501 2525			83					•	
				84	City				85 Zip C	ode
				••	,			FL	. "	
office or rec	the provisions of Sections 607.0502 a pistered agent, or both, in the State of familiar with, and accept the obligation	Florida, Such change was a	uthorized	d by t∤	named corporat	poration submits this ion's board of directo	statement for the rs. I hereby acce	e purpose of ept the appoi	changing its ntment as rec	registered gistered
SIGNATURE								2 24 9	99	
S	gnature, typed or printed name of registered agent ar	d title if applicable (NOTE	Registered	Agent	signature requir	ed when reinstating)		Ditte		
12.	OFFICERS AND		13.			ADDITIONS/0	HANGES TO O	FFICERS AN		
TILE	D	☐ DELETE	1.1 TI	TLE					Change	Addition
JAME	Smith, James D.		1.2 N	AME						
STREET ADDRESS	5900 Lake Ellenor D	rive	1.3 \$	TREETA	ADDRESS					
CITY-ST-ZIP	Orlando, FL 32809		1.4 C	ITY-ST-	ZIP					
ITLE	V.	☐ DELETE	2.1 TI	πE			,		☐ Change	Addition
IAME	Stephen E. Helsel		2.2 N	AME						
TREET ADDRESS	6100 Lake Ellenor D	rivo	2.3 S	TREETA	ODRESS		•			
CITY-ST-ZIP		FIAC	2.40	TY-ST	-ZIP					
TITLE	Orlando, FL 32809	☐ DELETE	3.1 TI	TLE				-	Change	Addition
IAME	Richard J. Walsh		3.2 N	AME						
STREET ADDRESS	5900 Lake Ellenor D	rivo	3.3 S	TREETA	ADORESS					
ZITT'-ST-ZIP	Orlando, FL 32809	1110	3.4. C	ITY-ST	ZIP			·		
TTLE	V	☐ DELETE	4.1 TI						☐ Change	Addition
IAME	Robert F. Faisant		4.2 N	AME						
TREET ADDRESS	6100 Lake Ellenor D	rivo	4.3 S	TREETA	DDRESS					
CITY-ST-ZIP	Orlando, FL 32809	FTAC		ITY-ST-	1					
ITLE	S	☐ DELETE	5.1 TI						Change	Addition
IAME	-		5.2 N	AME						
STREET ADDRESS	James O. McIntosh		5.3 S	TREETA	NDDRESS					
CITY-ST-ZIP	6000 Lake Ellenor D	rive	5.4 C	ITY-ST-	ZIP					
TILE	Orlando, FL 32809	/ DELETE	6.1 TI	TLE	-+				Change	Addition
IAME	T Clarence Otis, Jr.		62 N	AME			-			_
TREET ADDRESS			63 S	TREET A	DDRESS	· · · · · · · · · · · · · · · · · · ·				
	5900 Lake Ellenor D	rive		TY-ST-						
ITY-S1-ZIP	Orlando, FL 32809	bi. 60. d				Castion 410 07/3/i\	Clorida Statutos	I further ser	4:6, that the in	formation

Country

indicated on this annual report or supplied with this filling 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, with all other like empowered.

URE: The P. J.

Robert F. Faisant

2 2 24 99 (407) 245-5584