FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

S12458

DOCUMENT # 1. Corporation Name

GDI CONTRACTORS, INC.

Principal Place o	of Business	Mailing Address					
P O BOX 6841 W PALM BCH FL 33405		P O BOX 6841 W Palm BCH Fl	L 33405				
					1	3a. Date of Last 05/01/1	Report 1995
2. Principal Plac	e of Business	28. Mailing Address			4. FET NUMBER APPLICABLE		Applied For
21		26			NUI AFFLIGADLE	_	Not Applicable
Suite, Apt. #, etc.		F1	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addi		
2		27				- Fee	Required
City & State		City & State	1 '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip			Zip Country		8. This corporation has liability for intangible tax under s 199.032,		
24	25	29 30			Florida Statutes Yes		, 100.002,
	9. Name and Address of Cu				10. Name and Address of New Registered Agent		
			81	Name			
	CCHIO, BARBARA		82	Street Add	tress (P.O. Box Number is Not Acceptable)		
	ANKLIN ROAD					<u></u>	
W. PALI	M BEACH FL 33405		83				
			84	City		85 Z	Pip Code
		- 			pration submits this statement for the purpos	<u> </u>	
familiar with SIGNATURE	i, and accept the obligations of,	Section 607.0505, Florida Stat	tutes. (NOTE Registered Agen			DATE	
12.	OFFICERS PS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
THTLF	DELVECCHIO, BARBARA	☐ DELETE.				☐ Change	Addition
NAME	342 FRANKLIN RAOD	3	1.2 NAME				
STEEFT ADDRESS	WEST PALM BEACH FL	33405	13 STREET	l			
CITY-ST-ZIF		DELETE	14 CHY-S	,f - 7lf		☐ Change	Addition
TULF	TREGLIA, ALAN		2 1 TILE 22 NAME			□ pronge	L.J. Addition
NAME OTHERS ADDRESSES	C/O 342 FRANKLIN RO	AD		. Annosee			
STREET ADDRESS	WEST PALM BEACH FL		23 STREET	1			
CITY-ST-ZIP	·	DELETE	24 04 Y - S 3 1 TITLE	11 · Zir		Change	Addition
NAME			3.2 NAME				_
STREET ADDRESS			3.3 S18EE1	1 ADDRESS			
CITY - ST - ZIP			3.4 CITY - S				
TITLE		☐ DELFTE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	•	_	4.2 NAME				-
STREET ADDRESS			4.3 STREET	ADDRESS			
CHY-ST-ZIP			4 4 CITY - S	3T- 7 IP			
TOLE		DELETE	5 1 101.6			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			£ 3 STREET	(ADDRESS			
CHY-S1-ZIP			5.4 CITY - S	\$T-ZIF			
TitleE	A Forest Color Col	☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6351888	ADDRESS			
City St-2IP	·		6.4 Cily - S				
14 Ldo bereby	certify that the information supr	alred with this filing is voluntarily	y furnished and doc	s not qualify.	for the exemption stated in Section 119.07	(3)(k), Florida Stati	utes. I further

certify that the information indicated on this annual report or supplemental annual report is true and that my signature shall have the same legal effect as if made under early 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 early that I am an officer or director of the corporation or the receiver or trusted 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: Sandan

4-9-96 407-588-7724