

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S20607

(5)

1. Corporation Name

GIA MANAGEMENT CORP.

Principal Place of Business

2430 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

Mailing Address

PO BOX 5648
FT LAUDERDALE FL 33310

FILED

95 JAN 27 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/24/1990	3a. Date of Last Report 03/01/1994
4. FEI Number 65-0231067	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

STANTON, PETER D.
2430 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	STANTON, PETER D.	1.2 NAME	
STREET ADDRESS	2430 W OAKLAND PARK BLVD	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	STANTON, DAVID D.	2.2 NAME	
STREET ADDRESS	2430 W OAKLAND PARK BLVD	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERG, MICHAEL J.	3.2 NAME	
STREET ADDRESS	2430 W OAKLAND PARK BLVD	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; and that I am not a receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or changed in accordance with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed Name)