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

DOCUMENT # **S20607**

(5)

Corporation Name

GIA MANAGEMENT CORP.

n Address	

A LOGICATO ALGORIA MATERIALISMO DATE ESTA DECIDIO DE SER DECIDIO DE SER DECIDIO DE SER DE SER DE SER DE SER DE

Principal Place	of Business	маяна Address						
	LAND PARK BLVD ALE FL 33311	PO BOX 5648 FT LAUDERDALE FL :	33310					
					 Date incorporated or Qualified 12/24/1990 	3a. Date of L 01/27		
Principal Place of Business 2a. Maling Address					4. FEI Number		Α	Applied For
21	26				65-0231067		N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
27							·	
City & State	9	City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	/	8. This corporation has liability for Florida Statutes	intangibie tax ur	der s	199.032,
24	9. Name and Address of Current	29 Panistared Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Corrent	negistered Agent	81	Name	To. Home and Macross C. House			
0744170	N PETER 6							
)n, peter d. Oakland park blvd		82	Street Addi	ress (P.O. Box Number is Not Acceptab	ole)		
	DERDALE FL 33311		83	 			-	
P1 LAUL	DENDALE PL 33311		L					
			84	City		FI 8	5 Zip	Code
44 Own ontil	to the provisions of Sections 607.0502 a	and 607 1508. Florida Statu	ites the above	named corpo	ration submits this statement for the pu	roose of changir	ig its re	egistered offic
or register	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida itn, and accept the obligations of Sectio	. Such change was author	ized by the cor	poration's boa	ird of directors. I hereby accept the app	óintment as regi	stered	agent. Lam
familiar wi	ith, and accept the obligations of Section	n 607.0505, Florida Statute	os .					
SIGNATURE	Skuratine, typed or printed name of registered agent a	Salitation Committee the Committee that	VOTE: Rieg stered Ag	nt sionatime recurre	ed when reins' A'm g)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTO	RS IN 12
THILE	CD	☐ DELETÉ	1 1 1 11			□ c	nange	☐ Addition
NAME	STANTON, PETER D.		1.2 NAME					
STREET ADDRESS	2430 W OAKLAND PARK BLVI)	13 SIRE	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL	DERDALE FL 1		ST-ZIP				
TITLE	PD	☐ DELETE	2 1 111(1			c	hange	Addition
NAMÉ	STANTON, DAVID D.		2.2 NAM					
STREET ADDRESS	2430 W OAKLAND PARK BLVI	0	2 3 STRE	: FADORESS				
CITY - ST - ZIP	FT LAUDERDALE FL		2.4 CITY	ST-ZIP				
TITLE	VD	☐ DELETE	3 1 TiTL			. 🗆 a	nange	Addition
NAMÉ	WEINBERG, MICHAEL J.		3.2 NAMI					
STREET ADDRESS	2430 W OAKLAND PARK BLV	D	33 STRE	et address				
City-S1-2IP	FT LAUDERDALE FL		3.4 CHY	S1-7IP				
TITLE		☐ DELFTE	4 1 101				Change	Addit-on
NAME			4.2 NAM					
STREET ADDRESS			43 STRE	ET AUGRESS				
CHIY-ST-ZIP			4.4 CITY	-S1-7IP				
THLE		☐ DELĒTĒ	5 1 T TL	E			Change	Addition
NAME			5.2 NAM	:				
STREET ADDRESS			5.3 S18F	E! ADDRESS				
CITY-ST ZIE			5.4 CHY	-S1-ZIP		·		F-3 1 1000
TITLE		DEFELE	6 1 TITL	E			Change	Addition
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STR	ET ADDRESS				
CITY-ST-ZIP			6.4 C/TY	- ST · ZIP				

14. To 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 constitution 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 charged or this an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-6

954-135-588

CR2E034 (12/95)