## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S89007 (6)1. Corporation Name GDM FINANCIAL, INC. Principal Place of Business Mailing Address 633 S.E. 3RD AVE 633 S.E. 3RD AVE SLITE 4-R SHITE 4-R FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 10/22/1991 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0298922 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zip Country Zıp Country B. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONRAD S. KULATZ & ASSOCIATES, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 633 S.E. 3RD AVE. SUITE 4-R 83 FT. LAUDERDALE FL 33301 RA City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and time if applicable, (NOTE: Registered Agent signature required when renstating) 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 THEF Change ■ Addition MILIDRAG, GEORGE D. NAME 1.2 NAME 2400 EAST COMMERCIAL BLV STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2. 1 TITLE Change Addition NAMÉ MILIDRAG, GEORGE D. 2.2 NAME STREET ADDRESS 2400 EAST COMMERCIAL BLV 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 24 CITY - ST - ZIP TITLE DELETE 3 1 THILE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIF 3 4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - \$1 - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TOLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 coath; 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

HE OF SIGNING OFFICER OR DIRECTOR