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

**PROFIT** 

SIGNATURE:

Jun 17 1998 8:00am **CORPORATION** Sandra B. Mortham 1 Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 (6) DOCUMENT # GDM FINANCIAL, INC. Principal Place of Business Mailing Address 633 S.E. 3RD AVE 633 S.E. 3RD AVE SUTE 4-R SUITE 4-R FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1991 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0298922 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζ<sub>i</sub>p Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CONRAD S. KULATZ & ASSOCIATES, P.A. 81 633 S.E. 3RD AVE. 82 SUITE 4-R FT. LAUDERDALE FL 33301 63 84 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 or the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam jumiliar light, and accept the appointment as registered agent. NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 THE George D Milidra MILIDRAG, GEORGE D. NAME 1.2 NAME 2400 EAST COMMERCIAL BLV Antiqua Lane STREET ADDRESS 1.3 STREET ADDRESS 33480 FT. LAUDERDALE FL. CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE TATLE 21 TITLE MILIDRAG, GEORGE D. 2 2 NAME NAME 2400 EAST COMMERCIAL BLV 2.3 STREET ADDRESS STREET ADDRESS 33 480 FT. LAUDERDALE FL CITY-ST-ZIP 2 4 CITY- S1-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 City - ST- ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE **4000025640**2 -06/18/38--01035-**-0**27 NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS \*\*\*158,00 CITY-S1-ZIF 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this arrural report or supplemental arrural 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 trustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.

FILED

248-589-4290