

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

FILED

Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **V39044** (5)  
1. Corporation Name  
**GEDALIA, INC.**

Principal Place of Business <b>P.O. BOX 270326 TAMPA FL 33688-0326</b>	Mailing Address <b>P.O. BOX 270326 TAMPA FL 33688 US</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2001 PAN AM CIRCLE</b> Suite, Apt. #, etc. <b># 122</b> 22 City & State <b>TAMPA FL</b> 23 Zip <b>33607</b> Country <b>USA</b>		2a. Mailing Address 26 <b>P O BOX 270326</b> Suite, Apt. #, etc. 27 City & State <b>TAMPA FL</b> 28 Zip <b>33688</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>05/27/1992</b>	4. FEI Number <b>59-3126134</b>	Applied For <input type="checkbox"/> Not Applicable
24 <b>33607</b> 25 <b>USA</b>		29 <b>33688</b> 30 <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FIEBER, DENNIS C.  
2001 PAN AM CIRCLE  
SUITE 122  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name <b>DAVID FELDMAN</b>	85 Zip Code <b>33607</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2001 PAN AM CIRCLE</b>	
83 <b>SUITE 122</b>	
84 City <b>TAMPA</b>	85 <b>FL</b>

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 **DAVID FELDMAN - PRESIDENT**

*David Feldman*

DATE **1/31/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P FIEBER, DENNIS C. 1836 JERSEY AVE. NE ST. PETERSBURG FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P DAVID FELDMAN 14011 CLUBHOUSE DR. #1103 TAMPA FL 33624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>SOBY/TREAS MARILYN FELDMAN 14011 CLUBHOUSE DR. #1103 TAMPA FL 33624</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby 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 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 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 changed, or on an attachment with my address.

SIGNATURE:

*David Feldman*

1/31/98

813-871-5932

CP2E034 (10/97)