

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L76435** (1)

1. Corporation Name
GDI, INC.

MAY - 1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% MICHAEL L. TROPP
2400 WEST COPANS ROAD
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/30/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 County

2a. Mailing **WEST**
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 County

2400 Copans Rd.
Suite # 7
Pompano Beach, FL
33069
USA

4. FEI Number **65-0196591** 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**
7. This Corporation has liability for franchise tax under the Florida Statutes Yes No

9. Name and Address of Current Registered Agent

TROPP, MICHAEL L.
700 S.E. 3RD AVE.
SUITE 300
FT. LAUDERDALE FL 33316

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 required to print/register to registered agent and then file after

PRINT Registered Agent signature required after recording

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	ZUCKER, MICHAEL S.
STREET ADDRESS	22504 CARAVELLE CR
CITY, ST, ZIP	BOCA RATON FL
TITLE	DP
NAME	GOLDMAN, ARNOLD
STREET ADDRESS	22567 CARAVELLE CIR.
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied herein is substantially furnished and true and equally for the information stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information reported on this report is for signature and annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The recipient of this report is empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. My address is _____ with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/26/95 305 960 -0066