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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 529078

1. Corporation Name
G.N. PROPERTIES, INC.



Principal Place of Business 9925 PINELLAS PARK DR BOCA RATON FL 33481	Mailing Address P.O. BOX 812466 BOCA RATON FL 33481
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1800 S. OCEAN BLVD		2a. Mailing Address 26 PO BOX 60326		3. Date Incorporated or Qualified 03/21/1977	
Suite, Apt. #, etc. 22 9 301		Suite, Apt. #, etc. 27 CADE 500		4. FEI Number 59-1779502	
City & State 23 POMPANO BEACH FL.		City & State 28 HOUSTON TEXAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33062		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 USA		Zip 30 77208		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BEN-EZRA, MARC A ESQ.
951 N.E. 167TH STREET, #102
N. MIAMI BEACH FL 33162

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 *Marc A. Ben Ezra* DATE **3/23/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NIELSON, GLORIA	
STREET ADDRESS	9925 PINELLAS PARK DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ECHARTE, LUIS	
STREET ADDRESS	9925 PINELLAS PARK DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GANTWARG, WENDY	
STREET ADDRESS	9925 PINELLAS PARK DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ECHARTE, LUIS J
2.3 STREET ADDRESS	1800 S. OCEAN BLVD. APT. 301
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLAUDIA GARIBAY D STOS
3.3 STREET ADDRESS	1800 S. OCEAN BLVD. APT. 301
3.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **Feb 8/1999** DAYTIME PHONE #: **561-8520946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)