

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000036466 (7)**

1. Corporation Name  
**G-P RB LAND, INC.**



Principal Place of Business: **2295 CORPORATE BLVD. SUITE 222 BOCA RATON FL 33431**  
Mailing Address: **P.O. BOX 5010 BOCA RATON FL 33431-0810**

3. Date Incorporated or Qualified: **05/09/1995** 3a. Date of Last Report  
4. FEI Number: **65-0579445** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) 2a. Mailing Address (26-30)  
21. Suite, Apt #, etc. 22. City & State 23. Zip Country 24. Zip Country  
26. Suite, Apt #, etc. 27. City & State 28. Zip Country 29. Zip Country 30. Zip Country

**9. Name and Address of Current Registered Agent**

**THE HERRICK COMPANY, INC.  
2295 CORPORATE BLVD.  
SUITE 222  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City 85. Zip Code **FL**

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, typed or printed name of registered agent and title (if applicable)

(NULL) Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12. NAME	<i>P/S/D Norton Herrick</i>
STREET ADDRESS		13. STREET ADDRESS	<i>2295 Corp Blvd NW Ste 222</i>
CITY-ST-ZIP		14. CITY-ST-ZIP	<i>Boca Raton FL 33431</i>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	<i>VP/As/D Howard Herrick</i>
STREET ADDRESS		23. STREET ADDRESS	<i>20 Community Pl</i>
CITY-ST-ZIP		24. CITY-ST-ZIP	<i>Morristown NJ 07960</i>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	<i>VP/As/D Michael Herrick</i>
STREET ADDRESS		33. STREET ADDRESS	<i>2295 Corp Blvd NW Ste 222</i>
CITY-ST-ZIP		34. CITY-ST-ZIP	<i>Boca Raton FL 33431</i>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	<i>VP/As/D Even Herrick</i>
STREET ADDRESS		43. STREET ADDRESS	<i>20 Community Pl</i>
CITY-ST-ZIP		44. CITY-ST-ZIP	<i>Morristown NJ 07960</i>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 oath; that I am an officer or director of the corporation; 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 change I, or in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Howard Herrick VP*

*3/27/96 205391390*  
Date Daytime Phone #

CR2E034 (12/95)