

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

FILED

**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S53016 (9)
 1. Corporation Name
GEAR AVENUE PROPERTIES, INC.



Principal Place of Business % IRWIN M. FROST, P.A. 1101 BIRCKELL AVE., STE 400 MIAMI FL 33131	Mailing Address % IRWIN M. FROST, P.A. 1101 BIRCKELL AVE., STE 400 MIAMI FL 33131-3143
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3. Date Incorporated or Qualified 05/14/1991	3a. Date of Last Report 04/18/1996
4. FEI Number 65-0264880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent
FROST, IRWIN M.
1101 BRICKELL AVENUE
SUITE 400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D JAMPOLIS, KEITH
STREET ADDRESS	7719 WINDKEY DR.
CITY- ST- ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HATZ, JONATHAN
STREET ADDRESS	7719 WINDKEY DR.
CITY- ST- ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JAMPOLIS, KEVIN
STREET ADDRESS	7719 WINDKEY DR.
CITY- ST- ZIP	BOCA RATON FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D KEITH JAMPOLIS
1.3 STREET ADDRESS	21366 GREENWOOD ET
1.4 CITY- ST- ZIP	BOCA RATON, FL 33433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONATHAN HATZ
2.3 STREET ADDRESS	21366 GREENWOOD ET
2.4 CITY- ST- ZIP	BOCA RATON, FL 33433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEVIN JAMPOLIS
3.3 STREET ADDRESS	21366 GREENWOOD ET
3.4 CITY- ST- ZIP	BOCA RATON, FL 33433
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 do 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.

SIGNATURE: _____ **4/4/97 561-487-0233**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)