

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

95 APR 28 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21127** (8)

1. Corporation Name
GIC ASSET MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address
**1510 SOUTHEAST 17 STREET
FORT LAUDERDALE FL 33316
US** **POST OFFICE BOX 1058
HOLLYWOOD FL 33022
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1992** 3a. Date of Last Report **07/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 1510 S.E. 17 STREET		65-0337852		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		28 SUITE 300		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 33316		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
25 County		30 U.S.		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARASH, ERIC J. 1510 SOUTHEAST 17 STREET FORT LAUDERDALE FL 33316				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 _____ DATE _____
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT (AND TITLE IF APPLICABLE) (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARASH, ERIC	17 NAME	
STREET ADDRESS	1510 SOUTHEAST 17 STREET	13 STREET ADDRESS	
CITY, ST, ZIP	FORT LAUDERDALE FL	14 CITY, ST, ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENGATE, DANIEL R.	27 NAME	
STREET ADDRESS	1510 SOUTHEAST 17 STREET	23 STREET ADDRESS	
CITY, ST, ZIP	FORT LAUDERDALE FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 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		61 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)(a), Florida Statutes. I further certify that the information included 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 member of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. If changed, attach an attachment with my address.

SIGNATURE: DATE: **4/25/95** **1505-403-4400**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)