

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandria B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000015485 (4)

1. Corporation Name  
GB 100, INC.



Principal Place of Business: 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963  
Mailing Address: 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 33963

3. Date Incorporated or Qualified: 02/22/1993  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0395715  
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) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
WOODWARD, MARK J  
801 LAUREL OAK DRIVE  
SUITE 640  
NAPLES FL 33963

10. Name and Address of New Registered Agent (81-84) including Name, Street Address, City, State (FL), and 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	WOODWARD, MARK J	
STREET ADDRESS	801 LAUREL OAK DR., SUITE 640	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	DELETE
NAME	PIRES, ANTHONY P. JR.	
STREET ADDRESS	801 LAUREL OAK DR, STE 640	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	DELETE
NAME	FERRAO, AUBREY J.	
STREET ADDRESS	4001 TAMiami TRL NO. #350	
CITY-ST-ZIP	NAPLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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 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 director of the corporation or trustee or trustee-in-trust, or 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 in an attachment with an address.

SIGNATURE: *Aubrey J. Ferrao* Aubrey J. Ferrao 4/25/96 941-434-2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)