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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 665640 (9)
1. Corporation Name
GOMAR INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5675 S.W. 35TH AVENUE HOLLYWOOD FL 33312 US		Mailing Address 5675 S.W. 35TH AVENUE HOLLYWOOD FL 33312 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent DECKELBAUM, GORDON 5675 SW 35TH AVENUE HOLLYWOOD FL 33312		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	
NAME	DECKELBAUM, YETTA	12 NAME	
STREET ADDRESS	5675 SW 35 AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33312	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	
NAME	DECKELBAUM, GORDON	22 NAME	
STREET ADDRESS	5675 SW 35 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33312	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	
NAME	DECKELBAUM, GORDON	32 NAME	
STREET ADDRESS	5675 SW 35 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33312	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE

CR2E034 (10/97)