

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 16 1997 8:00am
Secretary of State

DOCUMENT # F95000000424 (0)

1. Corporation Name
GAINES, BERLAND INC.



Principal Place of Business
800 E. CYPRESS CREEK RD., #302
FT. LAUDERDALE FL 33334

Mailing Address
800 E. CYPRESS CREEK RD., #302
FT. LAUDERDALE FL 33334-3522

3. Date Incorporated or Qualified 01/26/1995	3a. Date of Last Report 10/07/1996
4. FEI Number 13-3180808	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SONKIN, OSCAR
800 E. CYPRESS CREEK RD., #302
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

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 JOSEPH BELLAND DATE 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, ALAN D	1.2 NAME	
STREET ADDRESS	6900 JERICHO TPKE	1.3 STREET ADDRESS	1055 STEWART AVENUE
CITY-ST-ZIP	SYOSSET NY 11791	1.4 CITY-ST-ZIP	BETHPAGE, NY 11714
TITLE	SDC	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLAND, JOE	2.2 NAME	
STREET ADDRESS	6900 JERICHO TPKE	2.3 STREET ADDRESS	1055 STEWART AVENUE
CITY-ST-ZIP	SYOSSET NY 11791	2.4 CITY-ST-ZIP	BETHPAGE, NY 11714
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA, ALBERT	3.2 NAME	
STREET ADDRESS	950 THIRD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTOCK, RICHARD	4.2 NAME	
STREET ADDRESS	6900 JERICHO TURNPIKE, #308	4.3 STREET ADDRESS	1055 STEWART AVENUE
CITY-ST-ZIP	SYOSSET NY 11791	4.4 CITY-ST-ZIP	BETHPAGE, NY 11714
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)