


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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F96000006656 (0) 1. Corporation Name GCO, INC.	



Principal Place of Business 3085 S. VALLEY VIEW DR LAS VEGAS NV 89102	Mailing Address 3085 S. VALLEY VIEW DR LAS VEGAS NV 89102-7890
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Report N/A
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0978378 58-2248356		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSAR, A.J.	1.2 NAME	
STREET ADDRESS	210 TOWNPARK DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	KENNESAW GA 30144	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, SIDNEY W	2.2 NAME	
STREET ADDRESS	3085 S. VALLEY VIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89102	2.4 CITY - ST - ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES M	3.2 NAME	
STREET ADDRESS	3085 S. VALLEY VIEW DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89102	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES M	4.2 NAME	
STREET ADDRESS	3085 S. VALLEY VIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89102	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, THOM E	5.2 NAME	
STREET ADDRESS	3085 S. VALLEY VIEW DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89102	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, GENE	6.2 NAME	
STREET ADDRESS	210 TOWNPARK DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	KENNESAW GA 30144	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: *Dome Harper* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011812

CR2E034 (9/96)