

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006656 (0)**  
1. Corporation Name  
**GCO, INC.**



Principal Place of Business <b>3085 S. VALLEY VIEW DR LAS VEGAS NV 89102</b>	Mailing Address <b>3085 S. VALLEY VIEW DR LAS VEGAS NV 89102</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/19/1986**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>58-2248356</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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	<b>CD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASSAR, A.J.</b>	12 NAME	
STREET ADDRESS	<b>210 TOWNPARK DR</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNESAW GA 30144</b>	14 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ATCHISON, SIDNEY W</b>	22 NAME	<b>MIKE CHERICO</b>
STREET ADDRESS	<b>3085 S. VALLEY VIEW DR</b>	23 STREET ADDRESS	<b>497 GAILLARD WAY</b>
CITY-ST-ZIP	<b>LAS VEGAS NV 89102</b>	24 CITY-ST-ZIP	<b>ACWORTH, GA 30102</b>
TITLE	<b>VCFO</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENNETT, JAMES M</b>	32 NAME	<b>TOM LEAHY</b>
STREET ADDRESS	<b>3085 S. VALLEY VIEW DR</b>	33 STREET ADDRESS	<b>5555 GLENRICH CT</b>
CITY-ST-ZIP	<b>LAS VEGAS NV 89102</b>	34 CITY-ST-ZIP	<b>DUNWOODY, GA 30338</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, JAMES M</b>	42 NAME	
STREET ADDRESS	<b>3085 S. VALLEY VIEW DR</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>LAS VEGAS NV 89102</b>	44 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, THOM E</b>	52 NAME	
STREET ADDRESS	<b>3085 S. VALLEY VIEW DR</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>LAS VEGAS NV 89102</b>	54 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, GENE</b>	62 NAME	
STREET ADDRESS	<b>210 TOWNPARK DR</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNESAW GA 30144</b>	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:

*Gene Harper*

*Gene Harper*

*4/24/98 (770) 590-9369*

CR2E034 (10/97)