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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # GAN ENTERPRISES, INC. Mailing Address Principal Place of Business 101 OLYMPUS WAY 101 OLYMPUS WAY JUPITER FL 33477 JUPITER FL 33477 3a. Date of Last Report 3. Date Incorporated or Qualified 05/11/1983 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2375355 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5,00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Zφ Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SPITZ, JOSEPH G CPA Street Address (P.O. Box Number is Not Acceptable) 1225 US HIGHWAY ONE, STE 240 JUNO BEACH FL 33408 Zip Code 84 City 85 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. (NOTE: Registered Agent's gnature required when reinstating) Signature, typed or printed name of registered agent and tide it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1. 1 TITLE TITLE CR2E034 1.2 NAME POITOUT, GUY NAME 1.3 STREET ADDRESS 101 OLMPUS WAY STREET ADDRESS Jupiter FL 33477 14 CITY-ST-7/P CITY - ST - ZIP Change Addition DELETE 2 1 111LE 2.2 NAME POITOUT, GENEVIEVE NAME 2.3 STREET ADDRESS 101 OLYMPUS WAY STREET ADDRESS JUPITER FL 33477 2.4 CITY - ST - ZIP CHY-ST-ZIP [Addition DELETE 3. 1 10TLE Change TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 HILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 TIBLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 air attachment with an address. 6.4 CITY - \$1 - ZIP 4/28/96 (407) 624-4514 SIGNATURE:

SIGNATURE AND TYPED OR PHILTED NAME OF SIGNING OFFICER OR DIRECTOR