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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G43074					
1. Corporation Name GME ENTERPRISES, INC.					
Principal Place of Business 7316 MANATEE AVE W BRADENTON FL 34209			Mailing Address 7316 MANATEE AVE W BRADENTON FL 34209		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
9. Name and Address of Current Registered Agent WOLFORD, LYNN 7316 MANATEE AVENUE, WEST BRADENTON FL 34209			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE DV <input type="checkbox"/> DELETE NAME GRAY, MICHAEL STREET ADDRESS 6470 MOURNING DOVE DR. CITY-ST-ZIP BRADENTON FL TITLE DP <input checked="" type="checkbox"/> DELETE NAME GRAY, ELIZABETH STREET ADDRESS 6470 MOURNING DOVE DR CITY-ST-ZIP BRADENTON, FL 00000 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Michael Gray 1.3 STREET ADDRESS 7316 Manatee Ave. W. 1.4 CITY-ST-ZIP Bradenton, FL 34209 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Wolford, Lynn 3.3 STREET ADDRESS 7316 Manatee Ave. W. 3.4 CITY-ST-ZIP Bradenton, FL 34209 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE: Michael Gray REMOVED GRAY 5/1/99 941-792-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)