

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98997 (5)

1. Corporation Name
G.F.B. ENTERPRISES, INC.



Principal Place of Business 10943 S. DIXIE HWY. MIAMI FL 33156-3752	Mailing Address 10943 S. DIXIE HWY. MIAMI FL 33156-3752
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	110 SE 6th Street	26	110 SE 6th Street	06/27/1989		65-0134130		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
22	20th Floor	27	20th Floor	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
23	Fort Lauderdale, FL	28	Fort Lauderdale FL	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					
24	Zip 33301	25	Country USA	29	33301	30	USA		

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	FL	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 of 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 _____ DATE _____
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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEAN, GERALD F			1.2 NAME	Thomas W Hawkins		
STREET ADDRESS	10943 S DIXIE HWY			1.3 STREET ADDRESS	110 SE 6th Street, 20 FL		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARTER, ROBERT F			2.2 NAME	James O. Cole		
STREET ADDRESS	10943 S. DIXIE HIGHWAY			2.3 STREET ADDRESS	110 SE 6th Street, 20 FL		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANDLEY, RICHARD			3.2 NAME	James O. Cole		
STREET ADDRESS	450 E. LAS OLAS BLVD, SUTIE 1200			3.3 STREET ADDRESS	110 SE 6th Street, 20 FL		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEDDY, COURTLAND			4.2 NAME	Kathleen Hyle		
STREET ADDRESS	450 E LAS OLAS BLVD, SUITE 1200			4.3 STREET ADDRESS	110 SE 6th Street, 20 FL		
CITY-ST-ZIP	FT.LAUDERDALE FL 33301			4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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: _____ James O. Cole 3/25/98 954-749-9271

CF2E034 (10/97)