

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L03645** (3)

1. Corporation Name  
**GILAINE ENTERPRISES, INC.**



Principal Place of Business <b>7070 PIONEER RD SUITE 12A W PALM BCH FL 33413-0211</b>	Mailing Address <b>7070 PIONEER RD SUITE 12A W PALM BCH FL 33413-0211</b>
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3. Date Incorporated or Qualified <b>07/20/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>2643 MOHAWK CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>WEST PALM BEACH FL</b> Zip Country 24 <b>33409</b> 25 <b>PB</b>	2a. Mailing Address 26 <b>2643 MOHAWK CIRCLE</b> Suite, Apt. #, etc. 27 City & State 28 <b>WEST PALM BEACH FL</b> Zip Country 29 <b>33409</b> 30 <b>PB</b>
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4. FEI Number <b>65-0170645</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  
**ROSOFF, GILBERT I.  
7070 PIONEER RD  
STE 12A  
W PALM BCH 33413**

10. Name and Address of New Registered Agent 81 Name <b>ROSOFF GILBERT I.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2643 MOHAWK CIRCLE</b> 83 84 City <b>WEST PALM BEACH</b> FL 85 Zip Code <b>33409</b>
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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:  **GILBERT I. ROSOFF** DATE: **4/8/97**  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSOFF, ELAINE B.</b>
STREET ADDRESS	<b>7070 PIONEER RD</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSOFF, GILBERT I.</b>
STREET ADDRESS	<b>7070 PIONEER RD</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 as an attachment with an address.

SIGNATURE:  DATE: **4/8/97** **561 688-0066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)