

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

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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L80557 (6)

1. Corporation Name  
G.B. ADJUSTMENTS, INC.

Principal Place of Business  
1700 LAKESHORE CIRCLE  
FT. LAUDERDALE FL 33326

Mailing Address  
1700 LAKESHORE CIRCLE  
FT. LAUDERDALE FL 33326-2366



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1990		3a. Date of Last Report 04/02/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0207092		Applied For Not Applicable	
22 City & State WESTON		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33326		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent  
BERLIN, GERALD  
1700 LAKESHORE CIRCLE  
FT. LAUDERDALE FL 33326  
WESTON

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
WESTON FL 85 Zip Code  
33326

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	DST	NAME	KAPLAN, ABBEY L.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD.	CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	DP	NAME	BERLIN, GERALD	2.1 TITLE		2.2 NAME	
STREET ADDRESS	1700 LAKESHORE CIRCLE	CITY-ST-ZIP	FT. LAUDERDALE FL WESTON	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0286396

CR2E034 (9/96)