

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L90394** (2)

1. Corporation Name
GNIK PROPERTIES, INC.

Principal Place of Business Mailing Address
3800 S. TRAIL SUITE 319 SARASOTA FL 34239 US **P. O. BOX 18493 SARASOTA FL 34276 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	25	State, Apt. #, etc.
22	City & State	26	City & State
23	Zip	27	Country
24	Country	28	Zip
25	Country	29	Country
30	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
08/01/1990	04/21/1994
4. FEI Number	Applied For
65-0303895	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

KING, J
7851 SADDLE CREEK SARASOTA FL 34244
P.O. Box 18493 SARASOTA, FL 34276

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code
	4882 Oak Pointe Way
	Sarasota, FL 34233

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 of agent (SEE INSTRUCTIONS) _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KING, KATHI J.
STREET ADDRESS	7851 SADDLE CREEK TR.
CITY - ST - ZIP	SARASOTA FL
TITLE	PD
NAME	King, Jerri L
STREET ADDRESS	7851 Saddle Creek Tr.
CITY - ST - ZIP	Sarasota, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4882 Oak Pointe Way
14 CITY - ST - ZIP	Sarasota, FL 34233
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	4882 Oak Pointe Way
24 CITY - ST - ZIP	Sarasota, FL 34233
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 139.02(1)(b), 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Jerri L. King*
TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
JERRI L. KING

3-20-95
Date
(813)
364-9919
Telephone