

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L90394 (2)

1. Corporation Name
GNIK PROPERTIES, INC.



| | | | |
|--|-------------------|---|-------------------|
| Principal Place of Business | | Mailing Address | |
| 3880 S. TRAIL SUITE 419 SARASOTA, FL 34239 US | | P. O. BOX 18493 SARASOTA FL 34276 US | |
| 21 | 580 TREASURE ROAD | 26 | 580 TREASURE ROAD |
| 22 | | 27 | |
| 23 | VENICE FL | 28 | VENICE FL |
| 24 | 34293 | 29 | 34293 |
| 25 | USA | 30 | USA |

| | | | |
|---|------------------------------|--|----------------|
| 3. Date Incorporated or Qualified | 08/01/1990 | 3a. Date of Last Report | 03/23/1995 |
| 4. FEI Number | 65-0303896 | Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | Additional Fee Required | \$8.75 |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | May Be Added to Fees | \$5.00 |
| 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 | | | | 10. Name and Address of New Registered Agent | | | |
| P O BOX 18493 4882 OAK POINTE WAY SARASOTA FL 34233 | | | | JERRI L. KING 580 TREASURE ROAD VENICE, FL 34293 | | | |
| 81 | Name | JERRI L. KING | | 85 | Zip Code | 34293 | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 580 TREASURE ROAD | | 84 | City | VENICE FL | |

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *JERRI L. KING* *Ann King* DATE: 7/15/96

| | | | | | | | |
|----------------------------|---------------------|--|--------------------|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | KING, KATHI J. | | 1.2 NAME | | | | |
| STREET ADDRESS | 4882 OAK POINTE WAY | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | KING, JERRI L. | | 2.2 NAME | KING, JERRI L. | | | |
| STREET ADDRESS | 4882 OAK POINTE WAY | | 2.3 STREET ADDRESS | 580 TREASURE ROAD | | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | 2.4 CITY-ST-ZIP | VENICE FL 34293 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | 4.2 NAME | 900001898929 | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | -07/19/96--01009--001 | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ***225.00 | | | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ann King* *JERRI L. KING* DATE: 7/15/96 941 492-9723

CR2E034 (12/95)