

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90092 023 ***150.00

DOCUMENT # M05583

1. Corporation Name

THE GANNON MANAGEMENT COMPANY OF FLORIDA

Principal Place of Business
12515. NORTH KENDALL DRIVE
SUITE 430
MIAMI FL 33186
US

Mailing Address
12515 NORTH KENDALL DRIVE
SUITE 430
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1984

4. FEI Number

59-2460560

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FIELD, SYBIL COLEMAN
12515 NO KENDALL DR
SUITE 430
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GREENE, ROBERT
STREET ADDRESS 12515 NO KENDALL DR.
CITY-ST-ZIP MIAMI FL

TITLE DC
NAME FRANKE, WILLIAM E.
STREET ADDRESS 12541 BENNINGTON PL
CITY-ST-ZIP ST. LOUIS MO

TITLE PD
NAME COLEMAN, SYBIL C
STREET ADDRESS 12515 NO KENDALL DR.
CITY-ST-ZIP MIAMI FL

TITLE S
NAME DISHON, DIANE
STREET ADDRESS 12541 BENNINGTON PLACE
CITY-ST-ZIP ST. LOUIS MO

TITLE DS
NAME PABST, TERRY
STREET ADDRESS 1430 BLUEBIRD
CITY-ST-ZIP ST. LOUIS MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DS
5.2 NAME PABST, TERRY
5.3 STREET ADDRESS 12515 N. KENDALL DR.
5.4 CITY-ST-ZIP MIAMI, FL 33186

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99
Date

305-596-4898
Daytime Phone #

CR2E034 (1/98)