

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Saniora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04085** (7)

1. Corporation Name
GBJR REALTY CORP.



Principal Place of Business: **C/O HENDRIX CO, 1344 BROADWAY UNIT 4-206 HEWLETT NY 11557-8301**
Mailing Address: **C/O HENDRIX CO, 1344 BROADWAY UNIT 4-206 HEWLETT NY 11557-8301**

3. Date Incorporated or Qualified: **11/19/1984** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **13-3140870** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26** **P.O. Box 64**
Suite, Apt. #, etc.: **27**
City & State: **28** **Hewlett NY**
Zip: **29** **11557-0064** Country: **30** **Nassau**

9. Name and Address of Current Registered Agent
**LANE, PAUL J., P.A.
5200 N.W. 33RD. AVE.
SUITE 200
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Sign or printed name of registered agent and the corporation. (NONE for new Agents subject to the special provisions.)

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HENDRIX, CURTIS	
STREET ADDRESS	1344 BROADWAY UNIT 4-206	
CITY - ST - ZIP	HEWLETT NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRODY, ALLEN Y	
STREET ADDRESS	1014 LAWRENCE CT.	
CITY - ST - ZIP	NORTH WOODMERE NY	
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		
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME		
13 STREET ADDRESS	17401 Ventura Blvd. Suite A13	
14 CITY - ST - ZIP	Encino, CA 91436	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
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 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: Allen Y. Brody **Allen Y. Brody** 4/30/96 516-791-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)