03-25-1999 90001 003 \*\*\*150.00

## 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

## DOCUMENT # P93000042105

THE GAT	re, south beach, inc.					
Principal Place	of Business	Mailing Address			( 1981)1881 (18 19100 11111 99111 88	111 80111 80111 91819 31691 11811 44101 0113 1001
1399 S.W. FIRST AVE. 15760 VENTURA BLVD						
#400 #828				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33130 ENCINO CA 91436						
us Us					3. Date Incorporated or Qualifed 06/15/1993	
9 0 ::	least (District	2a. Mailing Address			4. FEI Number	Applied For
<del></del>			•		65-0429963	Not Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75.Additional
22			<del></del>		5Certifcate of Status Desired	Fee Required
City & State City & State			•		6. Election Campaign Financing	55.00 May Be
28					Trust Fund Contribution	Added to Fees
Zip	Country	. Zip	Countr	у	8. This corporation owes the curr	rent year Intangible
24	25	29	30		Personal Property Tax.	☐ Yes No
'	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered Agent
005	B 71101110 0 500		81	Name		
COBB, THOMAS C ESQ.			82	Street A	Address (P.O. Box Number is Not Accept	able)
	S.W. FIRST AVE.			<u> </u>		
#400	•		83	3		ţ
MIAN	Al FL 33130		84	City		FL 85 Zip Code
44 5		0 007 4500 Florida Clabra	a the shor	ro comod	corporation submits this statement for the	ournose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Sinch change was all	IDODZEG DI	, the como	pration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE		_				
	Signature, typed or printed name of registered age		Registered Age	ent signature re	equired when reinstating)	FICERS AND DIRECTORS IN 12
12.		D DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO CI	Change Addition
TITLE	PCD		1.2 NAME			
NAME	GERSTEN, ALBERT H III	000	1 .			,
STREET ADDRESS	15760 VENTURA BLVD, SUITE	020	1	ET ADDRESS		
CITY-ST-ZIP	ENCINO CA 91436	□ DELETE	1.4 CITY- 2.1 TITLE	S1-ZP		☐ Change ☐ Addition
TITLE	COLUED MADTIN D	- DÉTETE	2.2 NAME			
NAME	COLLIER, MARTIN D	20		ET ADDRESS	_	ŀ
STREET ADORESS	15760 VENTURA BLVD., STE 8 ENCINO CA 91436	20				
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY- 3.1 TITLE			☐ Change ☐ Addition
NAME	GEIGER, STEPHEN J		3.2 NAME			-
STREET ADDRESS	15760 VENTURA BLVD., #828		1	ET ADDRESS		
CITY-ST-ZIP	ENCINO CA 91436		3.4. CITY-			
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME	1 <sup>-</sup>		4. 2 NAME			
STREET ADDRESS	15760 VENTURA BLVD., #828		1	ET ADDRESS		
CITY-ST-ZIP	ENCINO CA 91436		4.4 CITY-			
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			•
STOCET ADODESS			6.3 STRE	ET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

QUIRED