

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

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May 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000043659**

1. Corporation Name
G.S. PRESS, INC.

Principal Place of Business
**1878 N. UNIVERSITY DRIVE
PLANTATION FL 33322
US**

Mailing Address
**P. O. BOX 6244
FORT LAUDERDALE 33310**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 N. CYPRESS CREEK RD		2a. Mailing Address 26 500 W. CYPRESS CREEK RD		3. Date incorporated or Qualified 06/10/1994	
Suite, Apt. #, etc. 22 430		Suite, Apt. #, etc. 27 430		4. FEI Number 65-0507701	
City & State 23 FT. LAUDERDALE		City & State 28 FT. LAUDERDALE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 FL 25 33309		Zip 29 FL 30 33309		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KAHN, ROBERT M 8211 W. BROWARD BLVD. PENTHOUSE 4 PLANTATION FL 33324				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	HAWKINS, JANICE	1.2 NAME	YANDENHURK, JANICE
STREET ADDRESS	1760 S.W. 6TH AVE.	1.3 STREET ADDRESS	9160 W. BAY HARBOR DR. #3
CITY-ST-ZIP	POMPAHO BEACH FL 33060	1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154
TITLE	VP	2.1 TITLE	
NAME	PENCE, EUGENE J	2.2 NAME	
STREET ADDRESS	8090 N.W. 13TH ST., #D	2.3 STREET ADDRESS	33 SW 3RD ST
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	POMPAHO BEACH, FL 33060
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Janice Vandenhurk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99

Date

(954) 938-2080

Daytime Phone #

CR2E034 (11/98)

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