PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000043659

1. Corporation Name

G.S. PRESS, INC.

Principal Place of Business

1878 N. UNIVERSITY DRIVE

Mailing Address

P. O. BOX 6244

May 27, 1999 8:00 am Secretary of State

05-27-1999 90006 048 ***150.00



2. Pancepail Place of Business 27 Soo N. CYPRESS CREEK RD 28 Soo N. CYPRESS CREEK RD 66/05/1934 2. Pancepail Place of Business Soo N. CYPRESS CREEK RD 28 Soo N. CYPRESS CREEK RD 66/05/1934 2. Pancepail Place of Business Soo N. CYPRESS CREEK RD 66/05/1934 2. Pancepail Place of Business Soo N. CYPRESS CREEK RD 66/05/1934 2. Pancepail Place of Business Soo N. CYPRESS CREEK RD 66/05/1934 2. Pancepail Place of Business Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. CYPRESS CREEK RD 66/05/1934 3. Date incorporated of Counter No. Cypress Soo N. Cypress S	PLANTATION F	TON FL 33322 FORT LAUDERDALE 33310				DO NOT WE	TE IN THIS	SDACE	
2. Principal Place of Business 2a. Mailing Address 2b. Solido A. Fell Number Solido A. Fell Number Solido S	08				3 Date incorns			OF ACE	
2. Pincipal Pince of Business 2. Mailling Address 2. Supple For 2. Sup									
Not Applicable Not	2. Principal F	Place of Business 2a.	Mailing Address						Applied For
Suite Apt F, etc. 21 430 27 430 27 430 27 430 27 430 28 FF. Aduber Dale 6. Election Campaign Financing Fer Required Per Required Per Reported Per Reported Per Reported Per Reported Per Personal Property Tax. In Interest Per Personal Property Tax. Interest Personal Pro	21 500 N	CYPRESS CREEK RD 26 5	bo w. CYPRESS CI	leek RD	65-05077	01			Not Applicable
21 Y So	Suite_Apt.	#, etc.	Suite, Apt. #, etc.			Status Desired			
23 FT. LANDER DALE 28 FT. LANDER DALE Trust Fund Contribution Added to Fees	22 430	27			5. Certificate of			Fee	Required
ZP							\Box		
28 3589 29 F		1 1 2 1	· ··-						d to Fees
9. Name and Address of Current Registered Agent KAHN, ROBERT M 8211 W. BROWARD BLVD. PENTHOUSE 4 PLANTATION FL 33324 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 agent. I am familiar with, and accept the obligations of, Section 507 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD NAME HAWKINS, JANICE 12 NAME 13 SIBELT ADDRESS 1760 S.W. 6TH AVE. 13 SIBELT ADDRESS 1760 S.W. 6TH AVE. 13 SIBELT ADDRESS 1760 S.W. 6TH AVE. 13 SIBELT ADDRESS 14 CMT-ST-2P POMPANO BEACH FL 33063 DELETE 13 TITLE 14 TITLE 15 TITLE 15 TITLE 15 SIBELT ADDRESS 16 ST-2P 17				•			rent year In		ГЛМО
Status S	24			<u> </u>			Registered		
821 W. BROWARD BLVD. PENTHOUSE 4 PLANTATION FL 33324 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PSTD HAWKINS, JANICE 12. NAME 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 13. ADDITIONSICHANGES TO OFFICER SND DIRECTORS IN 12 14. TILE PSTD HAWKINS, JANICE 12. NAME 12. NAME 1769 S.W. 6TH AVE. 13. STREET ADDRESS 13. STREET ADDRESS 1769 S.W. 6TH AVE. 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 14. GTV-51-ZP 1760 S.W. 6TH AVE. 13. STREET ADDRESS 15. STREET ADDRESS 15		9. Name and Address of Current Regist		81 Name	10. Harrio uria	1000 01 11011			
8211 W. PENTHOUSE 4 PLANTATION FL 33324 84 City FL 85 Zip Code 11. Purpount to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, and agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, and agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, and accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, and accept the appointment as 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, 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, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation and the corporation and the co	KAF	in, robert m				 			
PLANTATION FL 33324 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 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, and familiars typed or printed name of neglatered agent and their representation. SIGNATURE SIGNA	S2 Ctroat Addre				ress (P.O. Box Num	iber is Not Accept	aple))
Section Sect	AL 147 AND A 147 A								
11. Pursuant to the provisions of Sections 607 (502) and 607 (508, 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 office or registered agent, and accept the obligations of, Section 607 (505, Florida Statutes.) SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD QChange Addition HAWKINS, JANICE 12 NAME 13 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 14 CITY-ST-ZIP MARGATE FL 33063 12 CITY-ST-ZIP MARGATE FL 33063 12 CITY-ST-ZIP MARGATE FL 33063 13 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 14 CITY-ST-ZIP MARGATE FL 33063 15 CITY-ST-ZIP MARGATE FL 33063 16 CHANGE 17 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 17 CHANGE 18 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 19 CHANGE 19 CHANGE 10 CHANGE Addition NAME 10 CHANGE Addition NAME 10 CHANGE Addition NAME 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 10 CHANGE 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 10 CHANGE 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 10 CHANGE 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 10 CHANGE 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 10 CHANGE 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 11 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 12 CITY-ST-ZIP MARGATE FL 33063 13 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 14 CITY-ST-ZIP MARGATE FL 33063 15 CHANGE STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 16 CHANGE STREET ADDRESS ADDRESS STREET ADDRES	PLA	NTATION FL 33324		24 00				Jon 7	- Codo
SIGNATURE Signature, typed or printed name of registered egyest and time if approaches. (NOTE Repostered Agent alignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME PSTD NAME HAWKINS, JANICE 12. NAME HAWKINS, JANICE 12. NAME HAWKINS, JANICE 12. NAME 13. STREET ADDRESS 16. O. W. 6TH AVE. 13. STREET ADDRESS 16. O. W. 6TH AVE. 13. STREET ADDRESS 17. ST. ZIP POMPANO BEACH FL 33060 14. CITY-ST. ZIP PAY HARGOR DR. #3 CITY-ST. ZIP POMPANO BEACH FL 33060 DELETE 21. TITLE 12. NAME 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS 16. O. W. 6TH AVE. 17. ST. ZIP 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONSICHANGES				64 City			FL	_ 85 2	b Code
SIGNATURE Signature, typed or printed name of registance deports and their approaches. (NOTE Reputatives Apent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE PSTD NAME HAWKINS, JANICE 12 NAME HAWKINS, JANICE 13 STREET ADDRESS 1760 S.W. 6TH AVE. 1	11. Pursuant	to the provisions of Sections 607,0502 and 60	7.1508, Florida Statutes, the ab	ove-named corpo	poration submits this	statement for the	purpose of	changing	its registered
SIGNATURE	office or	registered agent, or both, in the State of Florida	a. Such change was authorized Section 607 0605. Florida Statu	by the corporatio	on's board of directe	ors. I hereby acce	pt the appo	intment as	registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		intraminal with, and accept the obligations of,	Googon Gor. Goog Frioriag Giata						
TITLE NAME HAWKINS, JANICE 12 NAME 12 NAME 13 NAME 17 NAME 17 NAME 17 NAME 17 NAME 18	SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	gent signature required					
NAME HAWKINS, JANICE 12 NAME 13 STREET ADDRESS 1760 S.W. 6TH AVE. 13 STREET ADDRESS 14 CTY-ST-ZIP POMPANO BEACH FL 33060 14 CTY-ST-ZIP POMPANO BEACH FL 33060 14 CTY-ST-ZIP PAY HARBOR DR. #3 33 STREET ADDRESS 14 CTY-ST-ZIP PAY HARBOR DR. #3 33 STREET ADDRESS 24 CTY-ST-ZIP POMPANO BEACH FL 33063 24 CTY-ST-ZIP POMPANO BEACH FL 33060 Addition	12.	OFFICERS AND DIREC				CHANGES TO OF	FICERS A	ND DIREC	TORS IN 12
STREET ADDRESS 1760 S.W. 6TH AVE. 13 STREET ADDRESS 13 STREET ADDRESS 14 CTTY-ST-ZIP POMPANO BEACH FL 33060 14 CTTY-ST-ZIP POMPANO BEACH FL 33060 14 CTTY-ST-ZIP POMPANO BEACH FL 33060 Addition	TITLE	PSTD	☐ DELETE 1.1 TITI					Chang	e LAddition
CITY-ST-ZIP POMPANO BEACH FL 33060	NAME	HAWKINS, JANICE	_	E YA	NDENHUR	K, JANK	دو		
TITLE	STREET ADDRESS	1	13 STF	EET ADDRESS 911	160 W BAY	HARBOR	DR.	#3	 .
NAME PENCE, EUGENE J 8090 N.W. 13TH ST., #D 23 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 2.4 CITY-ST-ZIP POM PA NO BEACH FL 33 06 0	CITY-ST-ZIP				AY HARBOR	2 ISLAND	s FL		54
STREET ADDRESS 8090 N.W. 13TH ST., #D 2.3 STREET ADDRESS 33 SW 3 R D ST	TITLE	1 ***	_					Chang	e L Addition
City-St-Zip MARGATE FL 33063	NAME					45 67			ì
DELETE	STREET ADDRESS				· -	•	_	~~~	
NAME STREET ADDRESS S		MARGATE FL 33063			OM PANO	BEACH.	1-4		
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP			_					□ cuant	je 🗀 Addition
STREET ADDRESS STRE			1						į
TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CTTY-ST-ZIP TITLE Change Addition NAME 52 NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP				1					ı
NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE CAMPAGE CAMP								☐ Chanc	e
A3 STREET ADDRESS	ļ			ì					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY-ST-ZIP									
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition	}								l
NAME								☐ Chanc	e Addition
5.3 STREET ADDRESS									
5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			1					Ì
TITLE DELÉTE 6.1 TITLE Change Addition				1					
CANNE								Chanc	e C Addition
THOUSE .	I TITI ⊊		! DELETE ■ 0.1 (III	-t:]					
STREET ADDRESS 6.3 STREET ADDRESS			C DEEC 12						
CITY-ST-ZIP 6.4 CITY-SI-ZIP	NAME		6.2 NA	AE				□ Overi	

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:

938-2080

CR2E034 (11/98)