

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000046456 (7)
 1. Corporation Name
GK PROPERTIES, INC.



Principal Place of Business 6061 LA GORCE DRIVE MIAMI BEACH FL 33140-2116	Mailing Address 6061 LA GORCE DRIVE MIAMI BEACH FL 33140-2116
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Kingcade Building	26 Kingcade Building			06/21/1994	
22 1370 CORAL WAY	27 1370 CORAL WAY	4. FEI Number		Applied For	
23 MIAMI, FL	28 MIAMI, FL	65-0500359		<input type="checkbox"/> Not Applicable	
24 33145	25 USA	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 33145	30 USA	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				10. Name and Address of New Registered Agent	
KINGCADE, TIMOTHY S VICTORIA BUILDING 2903 SALZEDO STREET CORAL GABLES FL 33134-6811				81 Name KINGCADE, TIMOTHY S.	
				82 Street Address KINGCADE BUILDING	
				83 1370 CORAL WAY	
				84 City MIAMI FL 85 Zip Code 33145	
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 <i>[Signature]</i>				DATE 4/8/98	

9. Name and Address of Current Registered Agent
**KINGCADE, TIMOTHY S
 VICTORIA BUILDING
 2903 SALZEDO STREET
 CORAL GABLES FL 33134-6811**

10. Name and Address of New Registered Agent
 81 Name **KINGCADE, TIMOTHY S.**
 82 Street Address **KINGCADE BUILDING**
 83 **1370 CORAL WAY**
 84 City **MIAMI** FL 85 Zip Code **33145**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, WENDY	
STREET ADDRESS	6061 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140-2116	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	KINGCADE, TIMOTHY S	
STREET ADDRESS	6061 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140-2116	
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

1.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KINGCADE, TIMOTHY S.	
1.3 STREET ADDRESS	1370 CORAL WAY	
1.4 CITY-ST-ZIP	MIAMI, FL 33145-2944	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARCIA, WENDY	
2.3 STREET ADDRESS	1370 CORAL WAY	
2.4 CITY-ST-ZIP	MIAMI, FL 33145-2944	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* DATE: **4/8/98** TELEPHONE: **305/285-9100**

CR2E034 (10/97)