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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000020996 (1) DOCUMENT #

GBK DEVELOPMENT, INC.

Principal Place of Business Mailing Address 6235 KEVITT BLVD. 4315 MCCALL ROAD PT. CHARLOTTE FL 33981 ENGLEWOOD FL 34224 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0568472 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MACK, GARY 4315 MCCALL ROAD 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34224 83 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE __ Change Addition NAME MCLEOD, WARREN A 1.2 NAME 9314 LUCIAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP 1.4 City-St-ZiP DELETE 2.1 TITLE Change Addition TITLE NAME MACK, GARY 2.2 NAME 71 KETTLE HARBOR DRIVE STREET ADDRESS 2.3 STREET ADDRESS CAPE HAZE FL 33946 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KOKOMOOR, KARL W NAME 3.2 NAME 225 STRATFORD ROAD STREET ADDRESS 3.3 STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4 1 TITLE TITLE MALLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Change Addition

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an addireds.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: W

941-475-6596 4/3/98

FILED

Apr 09 1998 8:00am

Secretary of State