

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P95000031805 (1)**

1. Corporation Name

GBG, V. INC.

DEC 26 AM 11:14

SECRETARY OF STATE
TALLAHASSEE



Principal Place of Business

1406 N.E. 17TH STREET
FORT LAUDERDALE FL

Mailing Address

1406 S.E. 17TH STREET
FORT LAUDERDALE FL

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 **198 S. DIXIE**

2a. Mailing Address

26 **1009 S. 21 AVE**

4. FEI Number

Applied For
 Not Applicable

22 **BOCA RATON**

27 **HOLLYWOOD**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **FLORIDA**

28 **FLORIDA**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **33432**

25 **FLORIDA BEACH**

29 **33020**

30 **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BERMAN, PHILIP M ESQ.
2424 N.E. 22ND STREET
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name **ROBERT WEINSTEIN**
82 Street Address (P.O. Box Number is Not Acceptable) **1009 S. 21 AVE**
83
84 City **HOLLYWOOD** FL 85 Zip Code **33020**

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]

ROBERT WEINSTEIN

12-19-96

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 **D** DELETE
NAME **WEINSTEIN, ROBERT**
STREET ADDRESS **3530 NORTH 54TH AVENUE**
CITY ST ZIP **HOLLYWOOD FL 33021**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **RIVERA, GILBERT**
STREET ADDRESS **4 MICHAEL COURT, CENTREACH**
CITY ST ZIP **LONG ISLAND NY**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** DELETE
NAME **HANDIS, GARY**
STREET ADDRESS **954 MADISON PLACE**
CITY ST ZIP **MERRICK NY 11508**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-96

Date

954922-481 X32

Daytime Phone #

CR2E034 (12/95)