

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0071635

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP 27 PM 12:48

DOCUMENT # P95000042415

1. Corporation Name
GSG LENCK CORPORATION



Principal Place of Business
**C/O MARVIN S. ROSEN
 222 LAKEVIEW AVENUE #800
 WEST PALM BEACH FL 33401
 US**

Mailing Address
**C/O MARVIN S. ROSEN
 222 LAKEVIEW AVENUE #800
 WEST PALM BEACH FL 33401
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1995

4. FEI Number
65-0589936

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
800003006788--0
 83. City
-10/06/99--01006--011
******150.00** ******150.00**
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	DVAS EGIDI, DENNIS <input type="checkbox"/> DELETE		
STREET ADDRESS	222 LAKEVIEW AVE., STE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
	DPST HOCKER, DAVID E <input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME
STREET ADDRESS	222 LAKEVIEW AVE., STE 800	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	WEST PALM BEACH FL		
	D GREENFIELD, GREGORY R <input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
STREET ADDRESS	5775 PEACHTREE DUNWOODY ROAD STE 200-D	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	ATLANTA GA 30342		
	AS ROSEN, MARVIN S <input checked="" type="checkbox"/> DELETE STET	4.1 TITLE	4.2 NAME
STREET ADDRESS	222 LAKEVIEW AVENUE SUITE 800	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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: Marvin S. Rosen, Asst. Sec. Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

RUDEN
MCCLOSKEY
SMITH
SCHUSTER &
RUSSELL, P.A.
ATTORNEYS AT LAW

200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

POST OFFICE BOX 1900
FORT LAUDERDALE, FLORIDA 33302

(954) 761-2910
FAX: (954) 764-4996
MSS@RUDEN.COM

September 23, 1999

Via Federal Express
Department of State
Division of Corporations
Attn: Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

RE: Benvenuto Realty, Inc. - P97000082296
GSG Lenck Corporation - P95000042415
Tallahassee Hotel, Inc. - P97000028456
Tallahassee Power Center, Inc. - P97000082235
TSGP, Inc. - P94000068060

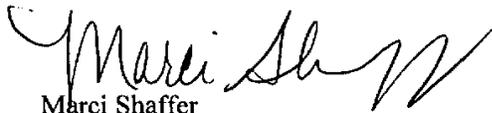
Dear Ladies and Gentlemen:

Please accept and file the enclosed executed 1999 Profit Corporation Annual Report, Second Notice for the above-referenced corporations. Also, enclosed are checks in the amount of \$150.00 for each corporation. The Second Notices were recently received and the original notices were never received.

If you have any questions regarding the enclosed, please do not hesitate to contact the undersigned.

Very truly yours,

RUDEN, McCLOSKEY, SMITH,
SCHUSTER & RUSSELL, P.A.



Marci Shaffer
Legal Assistant

MSS/