


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>995000066450</i> 1. Corporate Name GK Publishing, Inc.			
Principal Place of Business 10330 N. Dale Mabry Hwy. Ste. 226 Tampa, FL 33618		Mailing Address	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 3a. Date of Last Report 4. FFL Number <i>59-3365765</i> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Todd Goldman 10330 N. Dale Mabry Hwy. Ste. 226 Tampa, FL 33618		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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> (NOTE: Registered Agent signature required when reinstating) DATE <i>4/25/97</i>			
12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.2 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
14. I declare by certifying 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 its 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, changed or in an attachment with an address.		300002197253 -06/02/97--01017--040 ***165.00 <i>OS</i> <i>5/19/97</i>	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Todd Goldman</i>		Date <i>4/25/97</i> Daytime Phone # <i>813-264-2772</i>	

CR2E034 (9/96)