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

PROFIT CORPORATION ANNUAL REPORT

· 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068542 (6)

GK CONSULTANTS, INC.



97 JAN 24 PH 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ME							
Principal Place of Business Mailing Address 109 EAST RIO ALTO DRIVE 109 EAST RIO ALTO DRIVE MIAMI BEACH FL 33139 MIAMI BEACH FL 3313912							
					3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last 07/11/1996	Report
Principal Place of Business Total		2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-2682762	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	3.3.1		Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 29 30 30 30 30 30 30 30 3		[30]		10. Name and Address of New Registered Agent		
KALI	B, MARTIN		- 1	Name			
1221 BRICKELL AVENUE			-	32 Street Add	Address (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33131		}	33			
				34 City		85 Zip	Code
			[City			0000
SIGNATURE	Signature, typed or printed name of registered.		IOTE Registered		ation's board of directors. I hereby acception of the state of the sta	DATE	
12. TITLE	DPS OFFICERS A	DELETE	13. 1.1 TiTs	F	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	KALB, MARTIN	been to be a second	1.2 NAN	- 1			
STREET ADDRESS	109 EAST RIVO ALTO DRIVE		B .	EET ADDRESS	·		
CITY - ST - ZIP	MIAMI BEACH FL 33139		1.4 CIT	r-st-zip			
TITLE		DELETE	21 TITE	E		Change	Addition
NAME			2.2 NAM	AE.			
STREET ADDRESS				EFT ADDRESS	•		
CITY - ST - ZIP TITLE		DELETE	2. 4 CH	Y-ST-ZIP		Change	Addition
NAME			3.2 NAN	·	كو يالنس يلتمي والندر ومندر وسندر وسندر		·
STREET ADDRESS				EET ADDRESS	2000020	JOOUS	
CITY - ST - ZIP				Y-ST-71P			
TITLE			4.1 101			Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP		DELETE		r-ST-ZIP		Change	Addition
TITLE		[] DECEIE	5.1 DTI			L. Charigi	Addition
NAME STREET ADDRESS			5.2 NA) 5.3 STR	EET ADDRESS			
CITY - ST - ZIP			1	r-ST-ZIP			
TITLE		DELETE	6.1 T(T)			Change	Addition
NAME			6.2 NA			<u></u>	_
STREET ADDRESS				EET ADDRESS		a. alan	toula1
CITY-ST-ZIP				Y-ST-ZIP			V 11.
14. I do here	by certify that the information supp	lied with this filing does not qu	alify for the e	xemption stat	ed in Section 119.07(3)(i). Florida Statute	s. I further certify th	at the

t 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:

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE :

235257

4303929

AUTHORIZATION

COST LIMIT

S 165.00

ORDER DATE: January 24, 1997

ORDER TIME : 10:02 AM

ORDER NO. : 235257-005

CUSTOMER NO:

4303929

CUSTOMER: Ms. Sheryl C. Vainstein

Greenberg Traurig Hoffman

22nd Floor

1221 Brickell Avenue Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME:

GK CONSULTANTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS:

DIVISION OF CORPORATION