


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

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Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000086283 (5) 1. Corporation Name G-P 800, INC.					
Principal Place of Business 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON FL 33431			Mailing Address 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON FL 33431		
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		3. Date Incorporated or Qualified 11/09/1995 4. FEI Number 65-0619948 5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent C/O THE HERRICK COMPANY 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DPS <input type="checkbox"/> DELETE NAME HERRICK, NORTON STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222 CITY-ST-ZIP BOCA RATON FL 33431			1.1 TITLE DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VPST <input type="checkbox"/> DELETE NAME MICHAEL HERRICK STREET ADDRESS 2295 CORPORATE BLVD, NW, SUITE 222 CITY-ST-ZIP BOCA RATON FL 33431			2.1 TITLE VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VPAS <input type="checkbox"/> DELETE NAME HOWARD HERRICK STREET ADDRESS 20 COMMUNITY PL CITY-ST-ZIP MORRISTOWN N 07060			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

CP2E034 (10/97)