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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name P9600005/385 (2)						
G-P RH	II, INC:				A MANAGO ING SOME SHIP CAN'T C	akini namba ninai 1818) asin 1801
Principal Place of Business Mailing Address				i iddiibar iin ikird kitir Karir marir d'biji karar	11414 40000 ATTAL ANTEL ATTL ABOL	
2295 CORPORATE BLVD., N.W. 2295 CORPORATE BLVD.		N.W.				
SUITE 222		SUITE 222		DO NOT WRITE IN THE	S SDACE	
BOCA RATON FL 33431		BOCA RATON FL 33431		3. Date incorporated or Qualified		
_					07/09/1996	
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		26 Cuite Apt # ata			65-0679934	Not Applicable
22 27		——————————————————————————————————————	oute, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip Country		 This corporation owes or has paid the c Personal Property Tax due June 30. 	current year Intangible
25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	
AMERICAN INFORMATION SERVICES, INC. 81 Name						
ONE S.E. THIRD AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	ATTLE OF ACT			Ottool Add	iless (1.0. Box (europei is 140) Acceptable)	
Mi/	AMI FL 33131		83			
6.4			84	City	F	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.						
office or r agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was a ations of, Section 607,0505, Flo	uthorized by orida Statutes	the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						
				nt signature requ	ired when re-installing) DATE	ID DIDECTORO IN 40
12.	DPST OF FICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	HERRICK, NORTON		1.2 NAME			E onengo E vidoritori
STREET ADDRESS	AAAA AADDADAHE BUUD AAAA		1.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL			1.4 CITY-S			
TITLE	VAS DELETE		2.1 TITLE	-		Change Addition
NAME	HERRICK, HOWARD		2.2 NAME			
STREET ADDRESS	1858 20 COMMUNITY PLACE, 3RD FLOOR		2.3 STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN NJ		2.4 CITY+ST-ZIP			
TITLE	VAS DELETE		3.1 TITLE			Change Addition
NAME	HERRICK, MICHAEL		3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP			The state of the s
TITLE	DELETE		4.1 TITLE			Change Addition
NAME STREET ADDRESS			4. 2 NAME	+bbncee		
			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		4.4 CITY- ST- ZIP 5.1 TITLE			Change Addition
NAME	Vicen		5.2 NAME			
STREET ADDRESS	NESS		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

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 changeli, grown in httachment with an address.

FILED

Mar 27 1998 8:00am

Secretary of State