

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067299 (3)

1. Corporation Name
GHO AT ST. LUCIE WEST, INC.



Principal Place of Business 5670 CORPORATE WAY WEST PALM BEACH FL 33407	Mailing Address 5670 CORPORATE WAY WEST PALM BEACH FL 33407-2002
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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 08/13/1996	3a. Date of Last Report
4. FEI Number 65-0687894		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 18TH ST. FT. LAUDERDALE FL 33311				10. Name and Address of New Registered Agent 81 Name HANDLER, WILLIAM N., ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 5670 CORPORATE WAY 83 84 City WEST PALM BEACH FL 85 Zip Code 33407	
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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  **WILLIAM N. HANDLER, ESQ.** **4/1/97**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLER, DAN	1.2 NAME	
STREET ADDRESS	5670 CORPORATE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/VP/S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLER, WILLIAM	2.2 NAME	
STREET ADDRESS	5670 CORPORATE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	HANDLER, BRETT
STREET ADDRESS		3.3 STREET ADDRESS	5670 CORPORATE WAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	HANDLER, SUSAN
STREET ADDRESS		4.3 STREET ADDRESS	5670 CORPORATE WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  **DAN HANDLER** **4/1/97** **561-688-2020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)