

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

FILED
Jul 10 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 # P96000073525 (3)

1. Corporation Name
GK PRODUCTS, INC.



Principal Place of Business 100 W CYPRESS CREEK RD SUITE 910 FT LAUDERDALE FL 33309	Mailing Address 100 W CYPRESS CREEK RD SUITE 910 FT LAUDERDALE FL 33308-2112
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3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
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2. Principal Place of Business 21 10088 N.W. 3 Place	2a. Mailing Address 26 10088 NW 3 Place
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
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Zip 24 33071	Country 25 USA	Zip 29 33071	Country 30 USA
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4. FEI Number 65-0697544	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORZECK, RANA M
100 W CYPRESS CREEK RD
SUITE 910
FT LAUDERDALE FL 33309

81 Name EMO Corporate Services, Inc	82 Street Address (R.O. Box Number is Not Acceptable) 100 N.E. 3 Avenue, Suite 1100	83 - Ft. Lauderdale, FL	84 City FL	85 Zip Code 33301
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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 Walter H. Chrysler, Asst. Sec. DATE 7/7/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / DIRECTORS</u> <input type="checkbox"/> DELETE <u>ASIT S. CHANNE</u> <u>10088 NW 3 Place</u> <u>Coral Springs, FL 33071</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT / DIRECTORS</u> <input type="checkbox"/> DELETE <u>GURDIP K. CHANNE</u> <u>10088 NW 3 Place</u> <u>Coral Springs, FL 33071</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY-TREASURER</u> <input type="checkbox"/> DELETE <u>ASIT S. CHANNE</u> <u>10088 NW 3 Place</u> <u>Coral Springs, FL 33071</u>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Walter H. Chrysler, Asst. Sec. DATE 7/7/97

CR2E034 (9/96)