

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

<b>AMENDED</b> PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State
		DIVISION OF CORPORATIONS

FILED

99 SEP 13 AM 8:47

DOCUMENT # P96000089746

1. Corporation Name

G.H.S., INC.

Principal Place of Business

6200 Linton Blvd.  
Delray Beach, FL. 33484

Mailing Address

6200 Linton Blvd  
Delray Beach, FL 33484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/29/96	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0714638	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		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	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

S. Robert Stone, III  
6200 Linton Blvd.  
Delray Beach, FL. 33484

10. Name and Address of New Registered Agent

81 Name John W Perloff  
82 Street Address (P.O. Box Number is Not Acceptable)  
Doumar, Allsworth, Curtis, et al.  
83 1177 S.E. Third Avenue  
84 City Ft. Lauderdale FL 85 Zip Code 33316

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 reinstating)

DATE

8/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Stone III, S. Robert	12. NAME	100002992111-0
3. STREET ADDRESS	6200 Linton Blvd.	13. STREET ADDRESS	-09/21/99-01032-019
4. CITY-ST-ZIP	Delray Beach, FL33484	14. CITY-ST-ZIP	*****61.25 *****61.25
5. TITLE	<input type="checkbox"/> DELETE	21. TITLE	P.D.
6. NAME		22. NAME	William R. Laurie
7. STREET ADDRESS		23. STREET ADDRESS	6200 Linton Blvd
8. CITY-ST-ZIP	<input type="checkbox"/> DELETE	24. CITY-ST-ZIP	Delray Beach, FL33484
9. TITLE		31. TITLE	S.T.
10. NAME		32. NAME	Lory M. Johnston
11. STREET ADDRESS		33. STREET ADDRESS	6200 Linton Blvd
12. CITY-ST-ZIP	<input type="checkbox"/> DELETE	34. CITY-ST-ZIP	Delray Beach, FL 33484
13. TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> DELETE	44. CITY-ST-ZIP	
17. TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY-ST-ZIP	<input type="checkbox"/> DELETE	54. CITY-ST-ZIP	
21. TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> DELETE	64. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

KE

472-0022