


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

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Secretary of State

02-27-1999 90017 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000101269			
1. Corporation Name GFC UNITED STATES CORP.			
Principal Place of Business SUITE 12 8001 SOUTHWEST 36TH STREET DAVIE FL 33328		Mailing Address SUITE 12 8001 SOUTHWEST 36TH STREET DAVIE FL 33328	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 300 NW 70th AVE	
22 City & State		27 # 100	
23 Zip		28 Plantation, FL	
24 Country		29 33317-2360 30 U.S.	
9. Name and Address of Current Registered Agent			
KNESKI, PETER SUITE 12 8001 SOUTHWEST 36TH STREET DAVIE FL 33328			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83 300 NW 70th AVE, Ste 100			
84 City			
85 Zip Code			
Plantation FL 33317-2360			
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE REQUIRED

1-27-99

(954) 474-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)