

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022435 (6)

1. Corporation Name
THE G'BERGS, INC.



Principal Place of Business
1802 N. UNIVERSITY DRIVE, SUITE 201
PLANTATION FL 33322

Mailing Address
1802 N. UNIVERSITY DRIVE, SUITE 201
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1806 N. University Dr. Suite, Apt. #, etc. 22 City & State 23 Sunrise FL Zip 24 33322		2a. Mailing Address 26 1806 N. University Dr. Suite, Apt. #, etc. 27 City & State 28 Sunrise FL Zip 29 33322		3. Date Incorporated or Qualified 03/12/1997	
				4. FEI Number 65-0747168	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GREENBERG, JOEL E ESQ. 1802 N. UNIVERSITY DRIVE, SUITE 201 PLANTATION FL 33322				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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.

SIGNATURE *[Signature]* DATE 4/14/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, JOEL E	1.2 NAME	
STREET ADDRESS	1802 N. UNIVERSITY DRIVE, SUITE 201	1.3 STREET ADDRESS	1806 N. University Dr.
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, BURTON D	2.2 NAME	
STREET ADDRESS	1802 N. UNIVERSITY DRIVE, SUITE 201	2.3 STREET ADDRESS	1806 N. University Dr.
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, IRVING R	3.2 NAME	
STREET ADDRESS	9580 N.W. 43RD STREET	3.3 STREET ADDRESS	1806 N. University Dr.
CITY-ST-ZIP	SUNRISE FL 33351	3.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, RICHARD E	4.2 NAME	
STREET ADDRESS	9580 N.W. 43RD STREET	4.3 STREET ADDRESS	1806 N. University Dr.
CITY-ST-ZIP	SUNRISE FL 33351	4.4 CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE *[Signature]* DATE 4/14/98 954-746-3008

CR2E034 (10/97)