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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025830 (5)

GCB ENTERPRISES, INC.

Secretary of State

FILED

May 08 1998 8:00am

Principal Place of Business Mailing Address						- F KONIKANA IIN FORKI NODII ODDII DALKI DDELL NODIU DINDE ANDE ANDIO IIII ARKI KODE
1555 QUEEN ROAD 1555 QUEEN ROAD						
VEN	ICE FL 34293	VENICE FL 34293	ENICE FL 34293			DO NOT WRITE IN THIS SPACE
l						3. Date Incorporated or Qualified
Display Place of Dustress						03/17/1997
된 기	2. Principal Place of Business 2a. Mailing Addres 25					4. FEI Number Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, e					\$9.75 Additional
22						5. Certificate of Status Desired Fee Required
_	City & State					6. Election Campaign Financing \$5.00 May Be
23 Zi	Country Zip Co		Cour	atra		Trust Fund Contribution Added to Fees
24	25	29	30	ш у		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes
	9. Name and Address of Co		1001			10. Name and Address of New Registered Agent
	WOMELDORPH, HOWARD IR			81	Name	
6489 PARKLAND DR			ļ,	82	Street Addre	ss (P.O. Box Number is Not Acceptable)
SARASOTA FL 34243			ļ.	83		
				64 City FL 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 recoffice 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 regi 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 apparature required when reinstating) DATE						
12.	OFFICERS	AND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TOTA	.E		Change Addition
NAME	GIBSON, KENNETH		1.2 NAA			
	ADDRESS 1555 QUEEN ROAD 1-ZIP VENICE FL 34293		1.3 STREE			
CITY-S TITLE	D VENICE PE 34283	DELETE	1.4 CITY - ST - ZIP		I - ZIP	Change Addition
NWE	CONNOR, BRIAN		2.2 NAME		İ	Onlings Addition
STREET ADDRESS 1555 QUEEN ROAD			23 STR	EET /	ADDRESS	
DITY-ST-ZIP VENICE FL 34293		· · · · · · · · · · · · · · · · · · ·	2.4 01		T-ZIP	**
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAM	_		
STREET ADDRESS 1555 QUEEN ROAD CITY-ST-ZIP VENICE FL 34293					ADDRESS	
TILE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		T- ZIP	Change Addition
NAME			4. 2 NA			Li onango Li natituti
STREET ADDRESS 4.3 STI			EET A	ADORESS		
			4.4 City	-ST	- ZIP	
			5.1 TITL			Change Addition
HAME			5.2 NAM			
	ADDRESS				ADDRESS	
CITY-S	- 24	DELETE	5.4 CITY 6.1 TITL		- ZIP	Change Addition

41. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or an after the receiver of the corporation of the corpor

6.2 NAME

SIGNATURE: