

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORP 1051

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -1 PM 2:48

DOCUMENT # **P97000082235**

1. Corporation Name
TALLHASSEE POWER CENTER, INC.

Principal Place of Business Mailing Address
MARVIN S. ROSEN **MARVIN S. ROSEN**
222 LAKE VIEW AVENUE STE. 800 **222 LAKE VIEW AVENUE STE. 800**
WEST PALM BEACH FL 33401 **WEST PALM BEACH FL 33401**



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.	09/22/1997	4. FEI Number 65-0788800
22	City & State	27	City & State	APPLIED FOR	Applied For
23	Zip	28	Zip	6. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
24	Country	29	Country	5. \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	400003038464--4
		84 City	-11/08/99-01117-882 ***150RD***150.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	VP S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGIDI, DENNIS	1.2 NAME	William G. Brown
STREET ADDRESS	800 MILWAUKEE AVENUE #170	1.3 STREET ADDRESS	5775 Peachtree Dunwoody Rd., Ste 200
CITY-ST-ZIP	LIBERTYVILLE IL 60048 3268	1.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	DVS	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCKER, DAVID E	2.2 NAME	Scott M. Boggio
STREET ADDRESS	101 EAST 2ND STREET SUITE 100	2.3 STREET ADDRESS	5775 Peachtree Dunwoody Rd., Ste 200-D
CITY-ST-ZIP	QUENSBORO KY 42303	2.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Gregory R. Greenfield
STREET ADDRESS		3.3 STREET ADDRESS	5775 Peachtree Dunwoody Rd., Ste 200-D
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30342
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Richard K. Strauss
STREET ADDRESS		4.3 STREET ADDRESS	5775 Peachtree Dunwoody Rd., Ste. 200-D
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30342
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: Gregory R. Greenfield Director Date _____ Daytime Phone # _____

CR26034 (5/99)

RUDEN
MCCLOSKEY
SMITH
SCHUSTER &
RUSSELL, P.A.
ATTORNEYS AT LAW

200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

POST OFFICE BOX 1900
FORT LAUDERDALE, FLORIDA 33302

(954) 761-2910
FAX: (954) 764-4996
MSS@RUDEN.COM

September 23, 1999

Via Federal Express
Department of State
Division of Corporations
Attn: Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

RE: Benvenuto Realty, Inc. - P97000082296
GSG Lenck Corporation - P95000042415
Tallahassee Hotel, Inc. - P97000028456
Tallahassee Power Center, Inc. - P97000082235
TSGP, Inc. - P94000068060

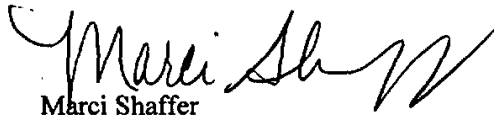
Dear Ladies and Gentlemen:

Please accept and file the enclosed executed 1999 Profit Corporation Annual Report, Second Notice for the above-referenced corporations. Also, enclosed are checks in the amount of \$150.00 for each corporation. The Second Notices were recently received and the original notices were never received.

If you have any questions regarding the enclosed, please do not hesitate to contact the undersigned.

Very truly yours,

RUDEN, McCLOSKEY, SMITH,
SCHUSTER & RUSSELL, P.A.



Marci Shaffer
Legal Assistant

MSS/