

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000085181 (0)
 1. Corporation Name
GAMS, INC.



Principal Place of Business %SEMET, LICKSTEIN, MORGENSTERN, ET. AL. 201 ALHAMBRA CIRCLE STE. 1200 CORAL GABLES FL 33134	Mailing Address %SEMET, LICKSTEIN, MORGENSTERN, ET. AL. 201 ALHAMBRA CIRCLE STE. 1200 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2167 Montpelier Suite, Apt. #, etc.		2a. Mailing Address 26 2167 Montpelier Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/29/1997	
22 Weston, FL.		27 Weston, FL.		4. FEI Number 65-0785528	
23 33326		28 33326		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Broward		29 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 FL		30 FL		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 LICKSTEIN, FRED K %SEMET, LICKSTEIN, MORGENSTERN, ET. AL. 201 ALHAMBRA CIRCLE STE. 1200 CORAL GABLES FL 33134 100 SE 2nd Ave. MIAMI, FL. 33131				10. Name and Address of New Registered Agent 81 Name <i>Some % Fowler, White et al.</i> 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Ave. 83 84 City <i>Miami</i> FL 85 Zip Code <i>33131</i>			
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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 **4/7/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V. President/Secretary <input checked="" type="checkbox"/> DELETE	1.1 TITLE President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GAIL WEISS	1.2 NAME GAIL WEISS
STREET ADDRESS 9050 S.W. 69th Ct	1.3 STREET ADDRESS 9050 S.W. 69th Ct.	CITY-ST-ZIP Miami, FL. 33156	1.4 CITY-ST-ZIP Miami, FL. 33156
TITLE President/Treasurer <input checked="" type="checkbox"/> DELETE	2.1 TITLE V. Pres/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME MYRA BERGER	2.2 NAME Myra BERGER
STREET ADDRESS 2167 MONTEPELIER	2.3 STREET ADDRESS 2167 Montpelier	CITY-ST-ZIP WESTON, FL. 33326	2.4 CITY-ST-ZIP Weston, FL. 33326
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Myra Berger** **MYRA BERGER DIR.** **4/7/98** **(954) 389-3124**

CR2E034 (10/97)