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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90096 040 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000095377

1. Corporation Name
G.N.B. ENTERPRISES, INC.



Principal Place of Business 5269 N.W. 161 STREET MAIMI FL 33014 US	Mailing Address 5269 N.W. 161 STREET MAIMI FL 33014 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1997	4. FEI Number 65-0801036	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 17551 S.W. 63 Manor Suite, Apt. #, etc. 22	2a. Mailing Address 26 17551 S.W. 63 Manor Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL Zip 33331 Country USA	City & State 28 Ft. Lauderdale, FL Zip 33331 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDERS, T E
 17551 S.W. 63RD MANOR
 FT. LAUDERDALE FL 33331

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SANDERS, T E	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17551 S.W. 63RD MANOR	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33331	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S SANDERS, BETSY A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4719 GRAPEVINE WAY	2.2 NAME	
STREET ADDRESS	DAVIE FL 33331	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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, on an attachment with an address, with all other like empowered.

SIGNATURE: *T. E. Sanders* T. E. Sanders As President 4/30/99 (954) 252-4927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)