


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90068 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000065997</b> 1. Corporation Name <b>GCG HOLDINGS, INC.</b>			
Principal Place of Business <b>1001 NORTH U.S. HIGHWAY ONE SUITE 500 JUPITER FL 33477</b>		Mailing Address <b>1001 NORTH U.S. HIGHWAY ONE SUITE 500 JUPITER FL 33477</b>	
2. Principal Place of Business 21. <b>21</b> Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 28. <b>P.O. Box 3614</b> 27. Suite, Apt. #, etc. 28. <b>Tegueste FL</b> 29. <b>33469</b> 30. <b>USA</b>	
9. Name and Address of Current Registered Agent <b>AVERY, JOHN L JR.          1001 NORTH U.S. HIGHWAY ONE SUITE 500 JUPITER FL 33477</b>		10. Name and Address of New Registered Agent 81. Name <b>DOREEN L. HAIGH</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>825 CENTER ST. 32A</b> 83. City <b>Jupiter</b> 84. State <b>FL</b> 85. Zip Code <b>33458</b>	
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 <i>[Signature]</i> DATE <b>3/22/99</b>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>GRAVELLE, GREG C</b> STREET ADDRESS <b>R.R. 1-322, GOVERNORS ROAD EAST</b> CITY-ST-ZIP <b>PARIS, ONTARIO N3L3E1</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

01/26/99

Daytime Phone #

CR2E034 (1/1/98)