


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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90152 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S30633**

1. Corporation Name  
**G.C.R., INC.**



Principal Place of Business <b>2290 NORTH FEDERAL HWY SUITE 200 FORT PIERCE FL 34950 US</b>	Mailing Address <b>2290 NORTH FEDERAL HWY SUITE 200 FORT PIERCE FL 34950 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/14/1991</b>	
4. FEI Number <b>65-0235900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>101 South Second Street</b>	2a. Mailing Address 26 <b>101 South Second Street</b>
Suite, Apt. #, etc. 22 <b>Suite 203</b>	Suite, Apt. #, etc. 27 <b>Suite 203</b>
City & State 23 <b>Ft. Pierce, FL</b>	City & State 28 <b>Ft. Pierce, FL</b>
Zip 24 <b>34950</b>	Country 25 <b>St. Lucie</b>
Zip 29 <b>34950</b>	Country 30 <b>St. Lucie</b>

9. Name and Address of Current Registered Agent

**SALYERS, JOHN P  
215 MARINA DR  
FT PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALYERS, JOHN P.</b>	1.2 NAME	
STREET ADDRESS	<b>215 MARINA DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEBUS, PETER F.</b>	2.2 NAME	
STREET ADDRESS	<b>1118 SUNRISE BLVD</b>	2.3 STREET ADDRESS	<b>20700 Glades CutOff Road</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	2.4 CITY-ST-ZIP	<b>Port St. Lucie, FL 34987</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<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, with all other like empowered.

SIGNATURE:

*John P. Salyers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John P. Salyers, Pres 4/27/99 561-466-6830**

Date

Daytime Phone #

CR2E034 (11/98)