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ELORIDA DEPARTMENT OF STATE

PROFIT

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # GBCC CORP. Principal Place of Business Mailing Address 440 ROYAL PALM WAY 440 ROYAL PALM WAY SUITE 202 SUITE 202 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualified 02/25/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0242940 Not Applicable Suite, Apit. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRAUB, GLENN E. 440 ROYAL PALM WAY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 202** 83 PALM BEACH FL 33480 84 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRI CTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 🔲 DELFTÉ TITLE 1.1 TITLE Change Addition STRAUB, GLENN E. 1.2 NAME CR2E034 440 ROYAL PALM WAY, #202 STREET ADDRESS 1.3 STREET ADDRESS PALM BCH FL CITY ST 7IP 1.4 CITY - ST-7IP DETETE THILE 21 TITLE Change Addition NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CHY-ST-ZIP CITY SE-70 DECETÉ Change Addition TITLE 3.1 THEF NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY ST-ZIP 3.4 CHTY: ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee emperies to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in