

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V67790** (8)

1. Corporation Name  
**GP8, INC.**



Principal Place of Business  
**1290 WESTON RD. SUITE 214 300  
FT. LAUDERDALE FL 33326**

Mailing Address  
**1290 WESTON RD. SUITE 214 300  
FT. LAUDERDALE FL 33326**

3. Date Incorporated or Qualified <b>10/01/1992</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FFI Number <b>65-0364808</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.  
1290 WESTON RD  
SUITE 214 300  
FT LAUDERDALE FL 33326**

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PO</b>	<input type="checkbox"/>
NAME	<b>JOSEPH, JOSEPH</b>	
STREET ADDRESS	<b>470 KENT AVE</b>	
CITY-STATE-ZIP	<b>BROOKLYN NY</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/>
NAME	<b>ELAZAR, JOSEPH</b>	
STREET ADDRESS	<b>470 KENT AVE</b>	
CITY-STATE-ZIP	<b>BROOKLYN NY</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as agent, or on an attachment with an address.

SIGNATURE: *Elazar* **ELAZAR Joseph** 3/26/96

CR2E034 (12/95)