




**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90012 031 \*\*\*150.00

<b>DOCUMENT # F05682</b>					
1. Entity Name GENERAL SOFTWARE SYSTEMS COMPANY, INC.					
Principal Place of Business 6784 N.W. 17TH AVE. FT. LAUDERDALE, FL 33309			Mailing Address 6784 NW 17TH AVE FT. LAUDERDALE, FL 33309 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2040523	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SMITH, WAYNE M. 375 KATHY LANE MARGATE, FL 33068				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, LAWRENCE R		NAME		
STREET ADDRESS	363 COWEE TUNNEL ROAD		STREET ADDRESS		
CITY-ST-ZIP	SYLVA, NC 28779		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WAYNE M.		NAME		
STREET ADDRESS	375 KATHY LANE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	VP.	<input type="checkbox"/> Delete	TITLE	PRESIDENT/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUAIS, JOSE F JR		NAME		
STREET ADDRESS	17900 NW 77TH COURT		STREET ADDRESS	8291 NW 16TH TERRACE	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JENNIFER M		NAME		
STREET ADDRESS	363 COWEE TUNNEL ROAD		STREET ADDRESS		
CITY-ST-ZIP	SYLVA, NC 28779		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			MARCH 3, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

4401040



03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2040523 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
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SIGNATURE:  MARCH 3, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #