

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

5/11/95 11:43 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000072986 (1)**

1. Corporation Name
GAPSS, INC.

Principal Place of Business: **3822 SE 11TH PL APT 102 CAPE CORAL FL 33990 US**
Mailing Address: **3822 SE 11TH PL APT 102 CAPE CORAL FL 33990 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 10/20/1993	3a. Date of Last Report 04/26/1994
4. FEI Number 65-0448662	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 3911 COUNTRY CLUB BLVD	26. Mailing Address 3911 COUNTRY CLUB BLVD.
22. Suite, Apt #, etc # 104	27. Suite, Apt #, etc # 104
23. City & State CAPE CORAL, FL.	28. City & State CAPE CORAL, FL.
24. Zip 33904	25. Country USA
29. Zip 33904	30. Country USA

9. Name and Address of Current Registered Agent

**HILL, ROBERT C
2431-33 FIRST ST
FT MYERS FL 33902**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	
B5. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0532 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 _____

12. OFFICERS AND DIRECTORS

12.1 TITLE PD	12.2 NAME GARDNER, MICHAEL	12.3 STREET ADDRESS 3822 SE 11TH PL #102	12.4 CITY, ST, ZIP CAPE CORAL FL 33904
12.5 TITLE STD	12.6 NAME MORRIS, ROBERT	12.7 STREET ADDRESS 915 SE 22 ST	12.8 CITY, ST, ZIP CAPE CORAL FL 33990

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (4-12)

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	13.6 NAME	13.7 STREET ADDRESS	13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	13.10 NAME	13.11 STREET ADDRESS	13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	13.14 NAME	13.15 STREET ADDRESS	13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE	13.18 NAME	13.19 STREET ADDRESS	13.20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE	13.22 NAME	13.23 STREET ADDRESS	13.24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and comply for the exemption stated in Section 119.071(1)(b), Florida Statutes, for their entry into the public records of the State of Florida. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *Michael J. Gardner* **4-26-95 813-540-4583**
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR BUILDING OFFICER