

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000072986 (1)

1. Corporation Name  
GAPSS, INC.



Principal Place of Business  
3911 COUNTRY CLUB BLVD  
#104  
CAPE CORAL FL 33904  
US

Mailing Address  
3911 COUNTRY CLUB BLVD  
#104  
CAPE CORAL FL 33904  
US

3. Date Incorporated or Qualified 10/20/1993  
3a. Date of Last Report 05/01/1995

21 2. Principal Place of Business  
11258 PINEAPPLE RD.  
Suite, Apt. #, etc.

2a. Mailing Address  
11258 PINEAPPLE RD.  
Suite, Apt. #, etc.

4. FEI Number 65-0448662  
Applied For Not Applicable

22 City & State  
PUNTA GORDA, FL.

27 City & State  
PUNTA GORDA, FL

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

23 Zip 33955 Country USA

28 Zip 33955 Country USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title of agent. (NOTE: If registered agent signature is required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, MICHAEL 3822 SE 11TH PL #102 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRIS, ROBERT 915 SE 22 ST CAPE CORAL FL 33990 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARY J. GAROWER SR. 1825 SW 8TH CT CAPE CORAL, FL, 33991 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MICHAEL J. GAROWER 11258 PINEAPPLE RD. PUNTA GORDA, FL. 33955 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TRS. ROBERT S. MORRIS 440 SHADON CIRCLE PORT CHARLOTTE, FL. 33952 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: *Michael J. Gardner* MICHAEL J. GAROWER 4-16-96 (941) 575-1413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed Print Name

CR2E034 (12/95)