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**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**11258 PINEAPPLE ROAD  
PUNTA GORDA FL 33955  
US**

Mailing Address

**11258 PINEAPPLE ROAD  
PUNTA GORDA FL 33955-1238  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**10/20/1993**

3a. Date of Last Report  
**04/24/1996**

4. FEI Number

**65-0448662**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME  DELETE

**ST  
MORRIS, ROBERT S.  
440 SHARON CIRCLE  
PORT CHARLOTTE FL**

TITLE NAME  DELETE

**P  
GAROWER, MICHAEL  
11258 SW 8TH ROAD  
PUNTA GORDA FL**

TITLE NAME  DELETE

**V  
GARDNER, GARY  
1825 SW 8TH COURT  
CAPE CORAL FL**

TITLE NAME  DELETE

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  DELETE

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  DELETE

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS **335 SAIFISH COURT**  
1.4 CITY-ST-ZIP **PUNTA GORDA, FL. 33982**

2.1 TITLE  Change  Addition

2.2 NAME **GARDNER, MICHAEL**  
2.3 STREET ADDRESS **11258 PINEAPPLE RD,**  
2.4 CITY-ST-ZIP **PUNTA GORDA, FL. 33955**

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS **430 AIRBORNE S.**  
3.4 CITY-ST-ZIP **WELBIGH, FL 33936**

4.1 TITLE  Change  Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 in an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **April 29 1997 8:00am**

CR2E034 (9/96)