

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V01402**
 1. Corporation Name
G.S.S. AND G. CORPORATION

Principal Place of Business
**3300 N. PORT ROYALE DR., SUITE 205
 FT. LAUDERDALE FL 33308**

Mailing Address
**3300 N. PORT ROYALE DR., SUITE 205
 FT. LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6278 N. Federal Hwy.		2a. Mailing Address 26 6278 N. Fed. Hwy		3. Date Incorporated or Qualified 12/19/1991	
Suite, Apt., etc. 22 #490		Suite, Apt., etc. 27 #490		4. FEI Number 65-0544523	
City & State 23 Fort Lauderdale FL		City & State 28 Ft. Lauderdale FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33308		Country 25 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33308		Country 30 Broward		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REYNOLDS, STEVEN
 3300 N. PORT ROYALE DR.
 SUITE 205
 FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	Steven Reynolds
82 Street Address (P.O. Box Number is Not Acceptable)	6278 N. Federal Highway
83	Suite 490
84 City	Ft. Lauderdale FL
85 Zip Code	33308

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: *Steven Reynolds* DATE: **1 May 99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, STEVEN	
STREET ADDRESS	3300 N. PORT ROYALE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SUELLENTROP, STEPHEN	
STREET ADDRESS	3300 N. PORT ROYALE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAFLEY, ROBERT	
STREET ADDRESS	1300 E HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / CEO / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Reynolds, Steven	
1.3 STREET ADDRESS	6278 N. Federal Hwy #490	
1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Suellentrop Stephen	
2.3 STREET ADDRESS	6278 N Fed Hwy Suite 360	
2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Steven Reynolds* DATE: **1 May 99** TIME: **757** DAYTIME PHONE: **258-1203**

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)