**FILED** 

Feb 24, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # F05682**

1. Corporation Name

Principal Place of Business

GENERAL SOFTWARE SYSTEMS COMPANY, INC.

3. Date Incorporated or Cualifed	6784 N.W. 17TH AVE. FT. LAUDERDALE FL 33309		6784 NW 17TH AVE FT. LAUDERDALE FL 33309 US				DO NOT WRITE IN 1	THIS SPACE			
Suite, Apt. 4, etc.  Suite, Ap			us				3. Date Incorporated or Qualifed				
Suite, Apt. #, etc. 27	Principal Place of Business     Za. Mailing Address						1		Applied For		
City & State	26						59-2040523		Not Applicable		
City & State   Country   Zip   Country   Zip   Country   Zip   Country   Country   Zip   Zi							€ Cortifects of Status Desired	,			
City & State    City & State   City & State   City & State     28	22						5. Certificate of Status Desired	Fe	e Required		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip							6. Election Campaign Financing	\$5.	.00 May Be -		
Zip Country Zip Country Zip Country Zip Country Zip Representation was the current year Indingable Property Tax   "Yes   No   No   No   No   No   No   No   N	23		28				Trust Fund Contribution	Ad	ded to Fees		
9. Name and Address of Current Registered Agent  SMITH, WAYNE M. 375 KATHY LANE MARGATE FL 33068  84 City  FL 65 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statute, the above-name decorporation 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statute, the above-name decorporation 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statute, the above-name droppint of the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statute, the above-name droppint of the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statute, the above-name droppint of the purpose of changing its registered agent, and accept the obligations of section 607.0505, Florida Statute, the above-name droppint of the purpose of changing its registered agent, and accept the obligations of directors. I hereby accept the o	Zŧp	Country	Zip	Country	/		8. This corporation owes the current year	ır Intangible			
SMITH, WAYNE M. 375 KATHY LANE MARGATE FL 33068  82 Street Address (P.O. Box Number is Not Acceptable)  83 A 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 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 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 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, or both, in the State of Florida, Statutes.  SIGNATURE  35 Signature, typed or printed name of registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appointment as registered agent	24	25 29 30			Totalian Topolis Tax						
SMITH, WAYNE M. 375 KATHY LANE MARGATE FL 33068  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 office or registered agent, and accept the obligations of, Section 607.0305, Florida Statutes.  SIGNATURE  SIGNATURE  35 Jonates Typed or printed name of impatented agent and one if applicables.  NOTE: Registered Address (P.O. Box Number is Not Acceptable)  51. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D GARDNER, LAWRENCE R  12 Number 12 Nu											
STREET ADDRESS   STREET STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS				81	Na	ame					
MARGATE FL 33068  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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed of pretiod name of registeric agent and this disposable. (NOTE Registered Agent separation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed of pretiod name of registeric agent and this disposable. (NOTE Registered Agent separative required when rentating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DATE  Change Addition  Addition  MARGATE FL  SMTRET ADDRESS  363 COWCE TUNNEL RD  DELETE  11 TITLE  PD  Addition  Addition  MARGATE FL  SMTH, WAYNE M.  22 NAME  32 STREET ADDRESS  375 KATHY LANE  STREET ADDRESS  CITY-ST-ZIP  MARGATE FL  DELETE  13 TITLE  DELETE  14 TITLE  DELETE  15 TITLE  D	'				Str	reet Addre	ss (P.O. Box Number is Not Acceptable)				
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE	375 KATHY LANE										
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 Flonda. 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, Flonda Statutes.  SIGNATURE    Signature, typed or printed name of requisited agent and this if applicable.   (NOTE: Registered Agent agenture required when reinstalling)   DATE	MAR	GATE FL 33068		83							
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 Flonda. 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, Flonda Statutes.  SIGNATURE    Signature, typed or printed name of requisited agent and this if applicable.   (NOTE: Registered Agent agenture required when reinstalling)   DATE				0.4	0.14			105	Zin Code		
office or registered agent, in both, in the State of Florida. Such change was authorized by the Corporation's board of directors. Thereby accept the appointment as registered agent, and face the colligations of, Section 607, 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D				-		•		FL			
Signature Type of printing name of regulatorial agent and talled is applicable.   (NOTE: Register) Agent agenture required when remaining)   DATE	office or re	egistered agent, or both, in the State o	of Florida. Such change was auti	horized by	me o	med corpor corporation	ration submits this statement for the purpos s's board of directors. I hereby accept the a	e of changin ppointment a	ig its registered as registered		
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D GARDNER, LAWRENCE R STREET ADDRESS  363, COWCE TUNNEL RD SMITH, WAYNE M. STREET ADDRESS CITY-ST-ZIP  NAME SMITH, WAYNE M. STREET ADDRESS CITY-ST-ZIP  MARGATE FL TITLE VP NAME KISTNER, KENNETH F STREET ADDRESS TREET ADDRESS TITLE  DELETE  1 TITLE  DELETE  4 TITLE  ANME STREET ADDRESS TREET ADDRESS TREE	SIGNATURE										
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CITY-ST-ZIP	TITLE	<del>-√P-</del>	✓ DELETE	3.1 TITLE		V	<i>f</i>	[] Cha	inge - 'M Addition		
CITY-ST-ZIP	NAME	KISTNER, KENNETH-F		3.2 NAME		BF	RUYERE MICHAEL P.				
CITY-ST-ZIP	STREET ADDRESS	<del>-22312 GARRISON ST</del>		3.3 STREE	TADDE	RESS 2	ISI7 CHIPMUNK LANE				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	i l			6.4 CITY-5	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 an antachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #