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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Jan 28 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600001216 (8)

GESTAULT SYSTEMS, INC.

SIGNATURE:

Principal Place of Business		Mating Address	Mailing Address		- I INDIIOO IIKO KUHA BIIIK BIIKI PAHII ORIII ORIIK ANIOI KENIO HICEK KHIIN DIIK	
4269 JENKINS CLOVER SC 29		4269 JENKINS RD CLOVER SC 29710-8491				
l				3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report	
2. Principal P	race of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		57-1008519	Not Applicable	
Suite, Apt #, etc		Surie, Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City 8 State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip TTD	Country	Zφ	Country	8. This corporation has liability for i		
24	25 9. Name and Address of Co		30	Florida Statutes 10. Name and Address of New Reg	Yes No	
PAN	DOLPH, LISA		81 Name O			
PAR COOCE TIMPEDE CT						
JACKSONVILLE FL 32244 82 Street Address (P.O. Box Number is Not Acceptable) 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6						
)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83	Δı,	<u> </u>	
			84 City	range PK	as 2 o Codo	
			64 City	9	FL 35 Code 350 33	
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the p	urnose of changing its registered	
office or r agent. La	egistered agent, or both, in the t m familiar with, and accept the c	state of Florida. Such change was at abligations of, Section 607.0505, Flor	utnorized by the corpora ida Stalutes.	ition's board of directors. I hereby accep	it the appointment as registered	
SIGNATURE						
	Signative, typed on purchase and of regula-		Registered Agent signature requ		DATE	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
MILE	CVCD	∐ DELETE	1.1 TITLE		Change Addition	
NAME	RANDOLPH, LISA B 4269 JENKINS RD		1.2 NAME			
STREET ADORESS	CLOVER SC 29710		1.3 STREET ADDRESS		i	
OTHY ST-ZiF	PVST	DELETE	1.4 CITY - ST - ZIP 2 1 TIT, F		Change Addition	
NAME	RANDOLPH, LISA B		2 2 NAME		C onends	
STEEET ADDRESS	4269 JENKINS RD		2 3 STREET ADDRESS	•		
City-St-2iF	CLOVER SC 29710		2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 THUF		☐ Change ☐ Addition	
NAME			3.2 NAME		-	
STREET ADDRESS			3.3 STREET ADDRESS			
Q(F) - S1 - 7(P)			3.4. CITY - ST - ZIP			
TITLE		DELFTE	4.1 TiTLE		Change Addition	
N4ME			4. 2 NAME		,	
STREET ADLRESS (4.3 STREET ADDRESS		,,,	
C TY+ST+ZIP			4.4 City - St - ZIP			
TIFE		LJ DELETE	5 1 TITLE	•	Change Addition	
N.WE			5.2 NAME			
STREET ADDRESS			5 3 STREET ADORESS			
City - St. 718	., ,	DELETE	54 CITY ST-ZIP 61 TITLE		Change Addition	
TITLE MARKET		L'1 pricit	62 NAME		C CHARGE C MODITION	
NAME PERCLADORNIC						
STREET ADDRESS			6.3 STREET ADDRESS			
14. I do herel	by cert by that the information sai	oplied with this filmo does not qualify	■ 64 City-St-ZiP for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
informatic	of pidicated on this appeal report theer or director of the homorali	t or supplemental annual report is tru	ue and accurate and that ered to execute this rapo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made under oath; that	