

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90030 033 \*\*\*150.00

0522637

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F96000003629**

1. Corporation Name  
**GED SYSTEMS, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>3305 W SPRING MOUNTAIN RD STE 60 A<br/>                 LAS VEGAS NV 89102</b> | Mailing Address<br><b>3305 W SPRING MOUNTAIN RD STE 60 A<br/>                 LAS VEGAS NV 89102</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                          |                                   |              |                   |            |  |  |   |  |                              |  |
|--------------------------------|---------------------|---------------------|--------------------------|-----------------------------------|--------------|-------------------|------------|--|--|---|--|------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                          | 3. Date Incorporated or Qualified |              | 4. FEI Number     |            | 5. Certificate of Status Desired                 |  | 6. Election Campaign Financing                |  | 7. Additional Fee Required   |  |
| 21                             |                     | 26                  | <b>304 SW 85th TER</b>   | <b>07/18/1996</b>                 |              | <b>88-0317868</b> |            | <input type="checkbox"/> \$8.75                  |  | <input type="checkbox"/> \$5.00               |  | Applied For / Not Applicable |  |
| 22                             | Suite, Apt. #, etc. | 27                  | <b>112</b>               |                                   |              |                   |            | <input type="checkbox"/> Additional Fee Required |  | <input type="checkbox"/> May Be Added to Fees |  |                              |  |
| 23                             | City & State        | 28                  | <b>Pembroke Pines FL</b> |                                   |              |                   |            |  |  |   |  |                              |  |
| 24                             | Zip                 | 25                  | Country                  | 29                                | <b>33025</b> | 30                | <b>USA</b> |  |  |   |  |                              |  |

|   |  |  |  |  |  |                          |    |                        |
|---|--|--|--|--|--|--------------------------|----|------------------------|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent |  |                          |    |                        |
| <b>CROOM, WILLIAM</b><br><b>8787 SOUTHSIDE BV, STE 2810</b><br><b>JACKSONVILLE FL 32256</b> |  |  |  | 81   | Name   |                          |    | <b>WILLIAM CROOM</b>   |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |                          |    | <b>304 SW 85th TER</b> |
|   |  |  |  | 83   |  |                          |    | <b># 112</b>           |
|   |  |  |  | 84   | City   | <b>Pembroke Pines FL</b> | 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 607.0506, Florida Statutes.

SIGNATURE: William Croom **WILLIAM CROOM** DATE: **4/19/99**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <input type="checkbox"/> DELETE        | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D CROOM, WILLIAM</b>                | 1.2 NAME  | <b>CROOM, WILLIAM</b>  |
| STREET ADDRESS             | <b>8787 SOUTHSIDE BV, STE 2810</b>     | 1.3 STREET ADDRESS                                    | <b>304 SW 85th TER</b>   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32256</b>           | 1.4 CITY-ST-ZIP                                       | <b>Pembroke Pines FL 33025</b>   |
| TITLE                      | <input type="checkbox"/> DELETE        | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>P CROOM, WILLIAM</b>                | 2.2 NAME  | <b>CROOM WILLIAM</b>   |
| STREET ADDRESS             | <b>3305 W SPRING MOUNTAIN RD #60-A</b> | 2.3 STREET ADDRESS                                    | <b>304 SW 85th TER</b>   |
| CITY-ST-ZIP                | <b>LAS VEGAS NV 89102</b>              | 2.4 CITY-ST-ZIP                                       | <b>Pembroke Pines FL 33025</b>   |
| TITLE                      | <input type="checkbox"/> DELETE        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ST CROOM, ANNA-MARIE W</b>          | 3.2 NAME  | <b>ST CROOM, ANNA-MARIE W</b>  |
| STREET ADDRESS             | <b>3305 W SPRING MOUNTAIN RD #60-A</b> | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LAS VEGAS NV 89102</b>              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 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 change-I, or on an attachment with an address, with all other like empowered

SIGNATURE: William Croom **WILLIAM CROOM** DATE: **4/24/99**

CR2E034 (1/98)