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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600005016

GROUP PURCHASING SYSTEMS, INC.

Principal Plac	ce of Business	Mailing Adda	ress				enii 28in 66idi Aliil 20idi	ANGLIO DENI RODI
3350 NW BOCA RATON BLVD. 3350 NW BOCA RATON SUITE B-18			3LVD.					
BOCA RATON FL 33431 BOCA RATON FL 33431					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/27/1996		:
2. Principal P	Place of Business	2a. Mailing A	Address			4. FEI Number	An	plied For
21	7.	26				65-0372231	<u> </u>	t Applicable
Suite, Apt.	. #, etc.	Suite, Ap	ot. #, etc.		74		- \$8.75 A	
22	• • •	27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & St	tate - ·	-		6. Election Campaign Financing	\$5:00	Mây Be
23	· · · · · · · · · · · · · · · · · · ·	[28]				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	[-	Country	ı	8. This corporation owes the current		
24	9. Name and Address of Curr	29 29 Age		10		Personal Property Tax. ` 10. Name and Address of New Regi		□No
		ent Registered Age		81	Name	10. Name and Address of New Regi	ISTRIBU AGRIT	
ZWI	EBEL, NORMAN							
	O NW BOCA RATON BLVD.	W. Car		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
800	CA RATON FL 33431			83			1. 48. 63. 41. 34.	To 18 19
3				1				
	A THE HER COURSE OF			84	City		FL 85 200 C	-oae
350 1 10 1 15 15	to the provisions of Continue CO7.0	502 and 607 1508 E	Florida Statutes	the above		poration submits this statement for the pur	pose of changing its	registered
11. Pursuant	to the provisions of Sections 607.0		Toriba Otalaids	,	e-named corp	Jordalon Submits this statement for the pur		
Office or s	registered agent or both in the Stat	to of Elorida, Suich of	handa was auti	horizad bu	the corporati	on's board of directors. I hereby accept th	e appointment as reg	gistered
office or readent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	to of Elorida, Suich of	handa was auti	horizad bu	the corporati	on's board of directors. I hereby accept th	e appointment as rec	gistered
office on a signature	registered agent, or both, in the Stat im familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such oligations of, Section 6	hange was aut 607.0505, Florid	horized by da Statutes.	the corporati	on's board of directors. I hereby accept th	DATE	
office or ragent da signature 12.	registered agent, or both, in the Stat im familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS A	te of Florida. Such cligations of Section 6	hange was aut 607.0505, Florid (NOTE: Ro	horized by da Statutes egistered Agen	the corporati	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12.	registered agent, or both, in the Statum familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such cligations of Section 6	hange was aut 607.0505, Florid	horized by da Statutes. egistered Agen 13.	the corporati	on's board of directors. I hereby accept th	DATE	
SIGNATURE 12. TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS APP ZWIEBEL, NORMAN	te of Florida. Such cligations of Section 6	hange was aut 607.0505, Florid (NOTE: Ro	horized by da Statutes. egistered Agen 13. 1.1 TITLE 1.2 NAME	the corporati	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Statem familiar with, and accept the oblice of the statem of the s	te of Florida. Such cligations of Section 6	hange was aut 607.0505, Florid (NOTE: Ro	horized by da Statutes. egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	the corporation of the signature requires	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO	RS IN 12
office or regent. Tagent. Tage	registered agent, or both, in the Statem familiar with, and accept the oblice of the statem familiar with, and accept the oblice of the statement of registered a OFFICERS APPLICATION OF THE STATEMENT OF THE STATEMENT OF T	te of Florida. Such ci gations of, Section 6 agent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ro	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	the corporation of the signature requires	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
office or r office	registered agent, or both, in the Statem familiar with, and accept the oblice of the statem familiar with, and accept the oblice of the statem of registered a OFFICERS APPLICATION OF THE STATEM OF T	te of Florida. Such ci gations of, Section 6 agent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ro	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	the corporation of the signature requires	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO	RS IN 12
office or regent. If a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statem familiar with, and accept the oblice of the statem familiar with, and accept the oblice of the statem of registered a OFFICERS APPLIES OF THE STATEMENT	te of Florida. Such ci gations of, Section 6 agent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ro	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature require	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Statem familiar with, and accept the oblimation of the statem familiar with, and accept the oblimation of the statem of registered a OFFICERS / P ZWIEBEL, NORMAN 17325 BALBOA PT. WAY BOCA RATON FL 33487 V CLANCY, JOSEPH P 2115-I SPRINGHARBOR DR	te of Florida. Such digations of, Section 6	hange was aut 607.0505, Florid (NOTE: Ro	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	at signature require	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
office or regent. If a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statem familiar with, and accept the oblice of the statem familiar with, and accept the oblice of the statem of registered a OFFICERS APPLIES OF THE STATEMENT	te of Florida. Such digations of, Section 6 significant and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ro	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	at signature require	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statem familiar with, and accept the oblimation of the property of the oblimation of the property of the pro	te of Florida. Such digations of, Section 6 significant and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ri	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	at signature require	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the Statem familiar with, and accept the oblimation of the statem familiar with, and accept the oblimation of the statem of registered a OFFICERS / P ZWIEBEL, NORMAN 17325 BALBOA PT. WAY BOCA RATON FL 33487 V CLANCY, JOSEPH P 2115-I SPRINGHARBOR DR DELRAY BEACH FL 33445 ST	te of Florida. Such digations of, Section 6 significant and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ri	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE	t address T-ZIP T-ADDRESS T-ZIP	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Statem familiar with, and accept the oblimation of	te of Florida. Such digations of, Section 6 significant and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ri	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	the corporation of signature requires and ADDRESS T-ZIP	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Statem familiar with, and accept the oblimation of	te of Florida. Such cligations of, Section 6 sgent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ri	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	the corporation of signature requires and ADDRESS T-ZIP	on's board of directors. I hereby accept the sid when reinstating)	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statem familiar with, and accept the oblimation of the properties of the oblimation of the properties of the oblimation of the properties of	te of Florida. Such cligations of, Section 6 significant and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: RI DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	the corporation of signature requires and ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Statem familiar with, and accept the oblimation of the properties of the oblimation of the properties of the oblimation of the properties of	te of Florida. Such cligations of, Section 6 sgent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ri DELETE DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	t signature require at signature require at ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statem familiar with, and accept the oblimation of the properties of the oblimation of the properties of the oblimation of the properties of	te of Florida. Such cligations of, Section 6 sgent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE RI DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 3.1 TITLE 2.3 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	t address T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the Statem familiar with, and accept the oblimation of the properties of the oblimation of the properties of the oblimation of the properties of	te of Florida. Such cligations of, Section 6 sgent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE: Ri DELETE DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	t address T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the adviser reinstating. ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	registered agent, or both, in the Statem familiar with, and accept the oblimation of the properties of the color of the co	te of Florida. Such cligations of, Section 6 sgent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE RI DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 2.1 TITLE 2.3 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.1 NAME	t address T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Statem familiar with, and accept the oblimation of the properties of the color of the co	te of Florida. Such cligations of, Section 6 sgent and title if applicable. AND DIRECTORS	hange was aut 607.0505, Florid (NOTE RI DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 4.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET	the corporation of signature requires TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statem familiar with, and accept the oblimation of the policy of t	te of Florida. Such cligations of, Section 6	hange was aut 607.0505, Florid (NOTE: RI DELETE DELETE DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 3.1 TITLE 2.3 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.5 TITLE 5.5 NAME 5.6 CITY-ST 5.6 CITY-ST 5.7 TITLE 5.7 NAME 5.8 STREET 5.8 CITY-ST 5.9 CITY-ST 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.5 CITY-ST 5.5 CITY-ST 5.5 CITY-ST 5.6 CITY-ST 5.7 CITY-ST 5.	the corporation of signature requires TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the adviser reinstating. ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statem familiar with, and accept the oblimation of the property of the collision of the col	te of Florida. Such cligations of, Section 6	hange was aut 607.0505, Florid (NOTE RI DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.3 STREET 5.1 TITLE 5.3 STREET 5.4 CITY-ST 6.1 TITLE	the corporation of signature requires TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statem familiar with, and accept the oblimation of the policy of t	te of Florida. Such cligations of, Section 6	hange was aut 607.0505, Florid (NOTE: RI DELETE DELETE DELETE DELETE	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 3.1 TITLE 2.3 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.5 TITLE 5.5 NAME 5.6 CITY-ST 5.6 CITY-ST 5.7 TITLE 5.7 NAME 5.8 STREET 5.8 CITY-ST 5.9 CITY-ST 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.5 CITY-ST 5.5 CITY-ST 5.5 CITY-ST 5.6 CITY-ST 5.7 CITY-ST 5.	the corporation of signature requires I ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	on's board of directors. I hereby accept the distribution of when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90056 038 ***150.00