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FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90077 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # G57778

1. Corporation Name

GERRY K. SOFTWARE, INC.

Principal Place of Business

Mailing Address

% STANLEY S. KAPLAN  
111 N FISKE BLVD.  
COCOA FL 32922

% STANLEY S. KAPLAN  
111 N FISKE BLVD.  
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1983

4. FEI Number

59-2412449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 % GERRY KAPLAN

26 % GERRY KAPLAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 433 SOUTH ATLANTIC AVE

27 433 SOUTH ATLANTIC AVE

City & State

City & State

23 COCOA BEACH FL

28 COCOA BCH, FL

Zip

Country

Zip

Country

24 32931

25 USA

29 32931

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, STANLEY S.  
111 N FISKE BLVD.  
COCOA FL 32922

81 Name

KAPLAN, STANLEY S

82 Street Address (P.O. Box Number is Not Acceptable)

433 S. ATLANTIC AVE

83

84 City

COCOA BEACH

FL

85 Zip Code

32931

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 *Stanley S. Kaplan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME KAPLAN, STANLEY S.

STREET ADDRESS 111 N FISKE BLVD.

CITY-ST-ZIP COCOA FL

TITLE ST ☐ DELETE

NAME KAPLAN, MARCIA G

STREET ADDRESS 433 S. ATLANTIC AVE

CITY-ST-ZIP COCOA BEACH FL 32931

TITLE DPC ☐ DELETE

NAME KAPLAN, GERALD S.

STREET ADDRESS 111 N FISKE BLVD.

CITY-ST-ZIP COCOA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/23/99  
Date

407-868-4424  
212-223-2939  
Daytime Phone #

CR2E034 (11/98)