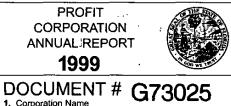
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL:REPORT**

1999

GULF BUSINESS SYSTEMS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90174 025 ***150.00



|--|

Principal Place of Business Mailing Address					-	BOL BIEL BIBLL BE	A() AIMIT ATATÉ		
1725 BARBER RD 1725 BARBER RD SARASOTA FL 34240 SARASOTA FL 34240						DO NOT WRITE IN THIS SPACE			•
						3. Date Incorporated or Qualifed	 -		
						12/05/1983			
—	Principal Place of Business 2a. Mailing Address					4. FEI Number	***	A	pplied For
21 26						59-2347208			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	~O .		Additional equired
22 27 City & State City & State			•			6. Florier Compains Financia			·
23						6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip				8. This corporation owes the curr	ent vear Inta		
24	25	29	30			Personal Property Tax.	-	∐Yes	Mo
Name and Address of Current Registered Agent						10. Name and Address of New I	Registered A	\gent	
QII E	BERSTEIN, DAVID M ESQ.			81	Name				
720 S. ORANGE AVE.			ł	82	Street Address	ss (P.O. Box Number is Not Accept	able)		
	ASOTA FL 34236			83					
			ļ	ိျ					
	,		ĺ	84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				ove-	named corpor	ation submits this statement for the		hanging its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized	by ti	ne corporation	's board of directors. I hereby accept	ot the appoin	tment as re	egistered
SIGNATURE		• • • • • • • • • • • • • • • • • • • •							
	Signature, typed or printed name of registered ag		<u> </u>	Agent	signature required w		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	VSD □ DELETE GRANGER, CHERYL L.		1	1.1 TITLE				Change	Addition
NAME	1725 BARBER RD		1.2 NAME		DODECC				. 1
STREET ADDRESS	SARASOTA FL		1.3 STREET ADDRESS						
TITLE	PD DELETE			1.4 CITY-ST-ZIP				Change	Addition
NAME	WALLACE, DALE O			2.2 NAME					
STREET ADORESS	470F B400FD BB			2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP		ميندانيد دادان	-	-	
TITLE	TD DELETE			3.1 TITLE				☐ Change	☐ Addition
NAME	GRANGER, ROBINSON S.		3.2 NA	3.2 NAME					
STREET ADDRESS	47AC DADDEO DO		3.3 STF	3.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		3.4. CIT	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE		4.1 TITI	4.1 TITLE				☐ Change	☐ Addition
NAME	15		4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REETA	(DDRESS				
CITY-ST-ZIP			4.4 CITY-S		ZIP				
TITLE		DELETE 5.1				•		☐ Change	Addition
NAME			5.2 NA		ODOLOG		•		
STREET ADDRESS			■ 5.3 STF	KEFT A	DDRESS				ı
CITY-ST-ZIP									I
TITLE		☐ DELETE	5.4 CIT	Y-ST-			· · · · · · · · · · · · · · · · · · ·	Change	☐ 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ROBINSON S. GRANGER