

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H20802 (5)
1. Corporation Name
GULF ATLANTIC SYSTEMS, INC.

Principal Place of Business 651 SE 6TH AVENUE POMPANO BEACH FL 33060	Mailing Address 651 SE 6TH AVENUE POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 661 SE 6TH AV Suite, Apt #, etc. 22 City & State Pompano Beach FL 23 Zip 33060 Country US		2a. Mailing Address 26 661 SE 6TH AV Suite, Apt #, etc. 27 City & State Pompano Beach FL 28 Zip 33060 Country US		3. Date Incorporated or Qualified 09/13/1984	
		4. FEI Number 59-2451314		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WILLIAMS, GREGORY W. 651 SE 6TH AVENUE POMPANO BEACH FL 33060				10. Name and Address of New Registered Agent 81 Name GREGORY W. WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) 661 SE 6TH AV 83 84 City Pompano Beach FL 85 Zip Code 33060			
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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 _____ DATE _____
Signature typed or printed name of registered agent in this application. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GREGORY W.	1.2 NAME	
STREET ADDRESS	651 SE 6TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, COLLEEN J.	2.2 NAME	
STREET ADDRESS	651 SE 6TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 changed, or on an attachment with my address.

SIGNATURE: _____

2/8/98 954-785-4569

CR2E034 (10/97)