

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

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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17035 (2)

1. Corporation Name
GSSC, INC.



Principal Place of Business
% RICHARD M. KNELLINGER
2815 NW 13 ST. STE 305
GAINESVILLE FL 32609

Mailing Address
% RICHARD M. KNELLINGER
2815 NW 13 ST. STE 305
GAINESVILLE FL 32609-2865

3. Date Incorporated or Qualified 02/29/1988
3a. Date of Last Report 02/07/1996

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Timothy P Deegan CPA
27 Suite, Apt #, etc. 2531 NW 41st Street A-3
28 Gainesville FL
29 Zip Country 32606 USA

4. FEI Number 59-2895452
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KNELLINGER, RICHARD M.
2815 NW 13 ST
SUITE 305
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLGATE, SAMUEL ORAN	1.2 NAME	
STREET ADDRESS	4132 NW 38 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VTM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, M SCHRAG	2.2 NAME	
STREET ADDRESS	9398 HEARTWELLVILLE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNELLINGER, M. RICHARD	3.2 NAME	
STREET ADDRESS	2815 NW 13TH ST #305	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Director
STREET ADDRESS		4.3 STREET ADDRESS	Timothy P Deegan CPA
CITY - ST - ZIP		4.4 CITY - ST - ZIP	2531 NW 41st Street #A-3 Gainesville FL 32606-6688
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 do 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.

SIGNATURE: Timothy P. Deegan CPA 1/23/97 352-337-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)