


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

FILED
Feb 23 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 # **K49262** (4)
1. Corporation Name
GARMENT CONVEYOR SYSTEMS, INC.



Principal Place of Business 1500 CENTENNIAL DR. BARTOW FL 33830 US	Mailing Address 1500 CENTENNIAL DR. BARTOW FL 33830 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/06/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2961240	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		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 GONSALVES, GEORGE 1520 CENTENNIAL DR BARTOW FL 33830				10. Name and Address of New Registered Agent			
				81 Name Felice Dosso			
				82 Street Address (P.O. Box Number is Not Acceptable) 1520 Centennial Blvd.			
				83			
				84 City Bartow			
				85 Zip Code FL 33830			

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 *Felice Dosso* **FELICE DOSO** **2-16-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GONSALVES, GEORGE			1.2 NAME	Gonsalves, George, Jr.		
STREET ADDRESS	1520 CENTENNIAL DR			1.3 STREET ADDRESS	490 Vineland Avenue		
CITY-ST-ZIP	BARTOWN FL			1.4 CITY-ST-ZIP	Staten Island, N.Y. 10312		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	P, T, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOSSO, FELICE			2.2 NAME	Dosso, Felice		
STREET ADDRESS	1520 CENTENNIAL DR			2.3 STREET ADDRESS	1520 Centennial Dr.		
CITY-ST-ZIP	BARTOW FL			2.4 CITY-ST-ZIP	Bartow, FL 33830		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERRANO, NELSON			3.2 NAME			
STREET ADDRESS	1520 CENTENNIAL DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<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 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 *Felice Dosso* **FELICE DOSO** **2-16-98**

CR2E034 (10/97)