

ANNUAL REPORT
1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 27 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001525804
-06/28/95--01053--028
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K97060

1. Corporation Name

Group Two Systems, Inc.

Principal Place of Business

Mailing Address

40 JOHN BALDARI
7505 NW 65 LANE
PARKLAND, FL 33067

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7505 NW 65 LANE
PARKLAND, FL 33067

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0125847		Applied For	
22 City & State		27 City & State		5. Certificate of Status Desired		Not Applicable	
23 Zip		28 Zip		6. Election Campaign Financing		\$8.75 Additional Fee Required	
24 Country		29 Country		Trust Fund Contribution		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN BALDARI
7505 NW 65 LANE
PARKLAND, FL 33067

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

[Signature]

NOTE: Registered Agent signature required when registering.

5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	☐ Change ☐ Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY - ST - ZIP	14 CITY - ST - ZIP		
TITLE	21 TITLE	☐ Change ☐ Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY - ST - ZIP	24 CITY - ST - ZIP		
TITLE	31 TITLE	☐ Change ☐ Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY - ST - ZIP	34 CITY - ST - ZIP		
TITLE	41 TITLE	☐ Change ☐ Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY - ST - ZIP	44 CITY - ST - ZIP		
TITLE	51 TITLE	☐ Change ☐ Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY - ST - ZIP	54 CITY - ST - ZIP		
TITLE	61 TITLE	☐ Change ☐ Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY - ST - ZIP	64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1

5/1/95

3057535380