SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)1. Corporation Name GSM, INC. Principal Place of Business Mailing Address 204 SOUTH CENTRAL AVE. 204 SOUTH CENTRAL AVE. APOPKA FL 32703 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2955645 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intengible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MACK, GREG S. 81 **523 NORTH LAKE PLESANT** 82 Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32712 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE 11 TITLE DELETE \_\_ Change \_\_\_ Addition MACK, GREG S. NAME 1.2 NAME **523 NORTH LAKE PLEASANT** STREET ADDRESS 1.3 STREET ADDRESS AP**op**ka FL 32712 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 2000026050 TITLE DELETE 5.1 TITLE -08/04/98--01001--**00**7 NAME 5.2 NAME \*\*\*150.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE 

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 eyon an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (5/98)



PSZ

July 16, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

To whom it may concern,

I am writing this letter in regards to GSM, INC., 1998 filing fee. We have just received a second request on our filing fee. We have never received our first request for the payment. I have spoken to someone in the filing fee office at 850-487-6059 and they have advised me to write this letter stating that I never received our first request and to mail in a \$150.00 payment which I have enclosed. If you have any questions you may contact me at 407-880-1700 Ext. 111. Thank you for your help.

Sincerely,

Belinda Sawyer Accts. Payable

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