

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73017

1. Corporation Name

GMG COMPUTER CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 19501 NE 10th Ave

26 19501 NE 10th Ave

Suite, Apt. #, etc.

22 BAY C

Suite, Apt. #, etc.

27 BAY C

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33179

Country

25 USA

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

5/14/1990

3a. Date of Last Report

1996

4. FEI Number

65-0198707

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

BART, GARY F.
322 SW 193RD TERR
Pembroke Pines, FL 33029

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, type or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY - ST - ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY - ST - ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY - ST - ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

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13.26 NAME

13.27 STREET ADDRESS

13.28 CITY - ST - ZIP

14. I, the undersigned, 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 as an attachment with an address.

SIGNATURE:

 GARY F. BART

GARY F. BART

4/18/97

305-653-5460

Date

Daytime Phone #

CR2E034 (9/96)