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PROFIT CORPORATION ANNUAL REPORT

1996



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

| | | | |
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| | CU rporati | | # |

L78129

(8)

GENERAL SYSTEMS DEVELOPMENT, INC.

Principal Place of Business Mailing Address

499 STATE RD. 434 N. #2101
ALTAMONTE SPRINGS FL 32714

ALTAMONTE SPRINGS FL 32714



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|--|--|----------------------|---|--|---|---|---------------|--------------------------|--------------------------|--|
| <u> </u> | | | | | | 3. Date Incorporated or Qualified 06/04/1990 | 3a. Date | of Last)2/03/ | | |
| 1 ' | ace of Business | 2a. Mailing Address | | | FO 0047000 | | | Applied For | | |
| Suite, Apt. # | - same- | 26 - same - | | | | | | Not Applicable | | |
| l | | Suite, Apt. #, e | IC. | | | 5. Certificate of Status Desired | | | 5 Additional Required | |
| City & State | , | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be led to Fees | |
| Ζψ.] | 25 Seminole | Ζιρ 29 | A | untry | ingle | 8. This corporation has liability for Florida Statutes Yes | intangible ta | under | s 199.032, | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New R | | gent | | |
| | | | | 81 | Name | | | | <u> </u> | |
| 499 STATE ROAD 434 NORTH | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | Olloct Addit | 553 (F. C. COX NUMBER IS NOT ACCEPTED | iie) | | | |
| ALTAM | IONTE SPRINGS FL | | | 83 | | | | | **** | |
| | | | | 84 | City | | | 85 | Zip Code | |
| | | | | - | , | ation submits this statement for the pur | FL | 1 | | |
| IGNATURE _ | n, and accept the obligations of, Sec Signature, band or printennance of registered age | | atutes. | | | d of directors. I hereby accept the appointment of the pure | DATE | registere | od agent. I am | |
| 2. | | ND DIRECTORS | 13. | | aigrature requies | ADDITIONS/CHANGES TO OFF | | DIRECT | ORS IN 12 | |
| LF | PV | DELETE | | | <u> </u> | 122///8/13/07/17/02/07/07/1 | | 1 Change | | |
| ME . | gariani, gary | | 1.2 N | NAME | | | _ | 1 0.10.180 | L_J Flagrous | |
| REET ADORESS | 2340 W LK BRANTLEY DR | | 1.3 \$ | STREET A | DOBESS | | | | | |
| IY ST ZIP | LONGWOOD FL | | | CITY-ST- | · | | | | | |
| | TS | T DELETE | | TITLE | | | |) Change | Addition | |
| | 10 | DELETE | | | | | | , | _ | |
| i | GARIANI, LORRAINE | | 22 N | NAME | | | _ | | | |
| SME | Gariani, Lorraine 2340 w LK Brantley Dr | | 22 N | NAME STREET A | Doress | | _ | | | |
| ME HEET ACTURESS | GARIANI, LORRAINE | | 22 N 23 S | | | | _ | | | |
| ME HEET AUTORESS IM-ST-ZIP | Gariani, Lorraine 2340 w LK Brantley Dr | | 22 N 23 S 24 C | STREET A | | | | Change | ☐ Addition | |
| ME HELLACIORESS IV-S1-71P LE | Gariani, Lorraine 2340 w LK Brantley Dr | | 22 N 23 S 24 C | STREET A CHIY-ST- TITLE | | | | Change | ☐ Addition | |
| MET ACORESS TV-ST-702 TLE | Gariani, Lorraine 2340 w LK Brantley Dr | | 22 N 23 S 24 C 3 1 T 32 N | STREET A CHTY-ST- THLE NAME | | | | Change | ☐ Addition | |
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cally 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 attyphment with an address.

SIGNATURE

Maine Human L GNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICES GARIANI

Jan. 18, 1996

407 682-6740 Dayline Phone # 2E034 (12/95)