

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
MAY 1995

APR 27 11:37

TALLAHASSEE, FLORIDA

DOCUMENT # **M09697** (7)
GENERAL COMPUTER SYSTEMS INC.

Principal Office of Corporation: 1345 E. 10TH AVE. HALEAH, FL 33010
Mailing Address: 1345 E. 10TH AVE. HALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation in Jurisdiction 01/07/1985	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2489464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Filing Office of Corporation 21	2a. Mailing Address 26
22. State of Incorporation 27	23. State of Report 28
24. City 25	29. City 30

9. Name and Address of Current Registered Agent NAPOLES, GILBERTO E. 8271 NW 177 ST. MIAMI FL 33015		10. Name and Address of New Registered Agent	
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City
			FL
			B5. Zip Code

11. I, the undersigned, being a resident of this State and a duly qualified elector of Florida, do hereby certify that the above named corporation is qualified to do business in this State and that the above named corporation is authorized to do business in this State. I hereby accept the appointment of the registered agent of said corporation with and accept the responsibility for the same as provided in the Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	PTD NAPOLES, GILBERTO E. 8271 NW 177 ST. MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	VSD	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	NAPOLES, ELSA B. 8271 NW 177 ST. MIAMI FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I further certify that the information is correct to the best of my knowledge and belief and that the information is true and correct to the best of my knowledge and belief. I hereby accept the appointment of the registered agent of said corporation with and accept the responsibility for the same as provided in the Florida Statutes, and that my name appears in Block 9 or Block 10 of this filing, as an officer or director with an address.

SIGNATURE: *Gilberto E. Napoles* **Gilberto E. Napoles** 4/26/95 305 888-5663
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR