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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11463

1. Corporation Name
GOVERNMENTAL PURCHASING ASSOCIATION OF SOUTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
%LEETA HARDIN, CITY OF POMPANO BEACH P.O. DRAWER 1300 POMPANO BEACH FL 33061-1300	%LEETA HARDIN, CITY OF POMPANO BEACH P.O. DRAWER 1300 POMPANO BEACH FL 33061-1300

2. Principal Place of Business	2a. Mailing Address
21 % MATIAS RAY	26 % MATIAS RAY
Suite, Apt. #, etc. 22 CITY OF CORAL SPRINGS	Suite, Apt. #, etc. 27 CITY OF CORAL SPRINGS
City & State 23 CORAL SPRINGS FL.	City & State 28 CORALSPRINGS FL.
Zip / Country 24 33065 25	Zip / Country 29 33065 30

3. Date Incorporated or Qualified: 10/07/1985

4. FEI Number: 59-2617121 ☐ 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

9. Name and Address of Current Registered Agent

HARDIN, LEETA
1190 NORTH EAST 3RD AVE. BLDG. C
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name: MATIAS "RAY" REINALDO
82 Street Address (P.O. Box Number is Not Acceptable): 9551 W. SAMPLE Rd.
83 CORAL SPRINGS
84 City: FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Reinaldo Matias, TREASURER DATE: 5/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HARDIN, LEETA		1.2 NAME	PERSIANO ROBERT	
STREET ADDRESS	1190 NE 3RD AVENUE		1.3 STREET ADDRESS	225 E. LAS OLAS BLVD	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE FL.	
TITLE	TD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MATIAS, RAY		2.2 NAME	FLURRY, LYNDA	
STREET ADDRESS	9551 W SAMPLE ROAD		2.3 STREET ADDRESS	7525 N.W. 88TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	FLURRY, LYNDA S		3.2 NAME	MATIAS, RAY	
STREET ADDRESS	7525 N W 88TH AVENUE		3.3 STREET ADDRESS	9551 W. SAMPLE RD	
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP	CORAL SPRINGS FL.	
TITLE	VD	☐ DELETE	4.1 TITLE	SD	☒ Change ☒ Addition
NAME	PERSIANO, ROBERT		4.2 NAME	WASH DAVID	
STREET ADDRESS	225 E LAS OLAS BLVD		4.3 STREET ADDRESS	100 N. ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	FT. LAUDERDALE FL.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reinaldo Matias SIGNATURE REQUIRED Reinaldo Matias, TREASURER 4-25-99 (954) 344-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #