

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:52

DOCUMENT # P94000007176 (8)

1. Corporation Name

GSMA SYSTEMS, INC.

Principal Place of Business

**657 ALTONA STREET NW
PALM BAY FL 32907**

Mailing Address

**657 ALTONA STREET NW
PALM BAY FL 32907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 2730 Kirby Ave, NE

2a. Mailing Address

26 2730 Kirby Ave, NE

4. FEI Number

59-3223631

Applied For

☐ Not Applicable

22 #5

27 #5

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 Palm Bay, Florida

City & State

28 Palm Bay, Florida

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 32905

Country

25 USA

Zip

29 32905

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**STELZER, GERALD M
657 ALTONA STREET NW
PALM BAY FL 32907**

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

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

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

**D
SENTI, MARK W
5011 DIXIE HIGHWAY NE
PALM BAY FL 32905**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 CITY, ST, ZIP

13.6 CITY, ST, ZIP

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14. I, the undersigned, certify that the information supplied on this report is true and correct and that I am a duly qualified and qualified for the position stated in Section 199.032, Florida Statutes. I further certify that the information is based on the information reported or believed to be true and correct 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 at the time of filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Senti, President

3/23/95 407-728-3800