

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000043659 (9)

1. Corporation Name

G.S. PRESS MAINTENANCE, INC.

G.S. Press INC

Principal Place of Business

4700 NORTH STATE ROAD SEVEN
SUITE 221
FT LAUDERDALE FL 33319

Mailing Address

4700 NORTH STATE ROAD SEVEN
SUITE 221
FT LAUDERDALE FL 33319

FILED

98 JUN -3 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1994

4. FEI Number

65-0507701

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 1878 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22

City & State

23 PLANTATION FL.

Zip

24 33322

Country

25 USA

2a. Mailing Address

26 P.O. Box 6244

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE

Zip

29 FL 33310

Country

30 USA

9. Name and Address of Current Registered Agent

KAHN, ROBERT M
KAHN & GUTTER SUITE 221
4700 NORTH STATE ROAD SEVEN
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

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

8211 W. BROWARD BLVD PH 4

83

1

84 City

PLANTATION

FL

85 Zip Code

33324

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 typed or printed name of registered agent (and firm if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☒ DELETE

NAME SLATER, W. GREGORY

STREET ADDRESS 2131 CHAMPIONS WAY

CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE PST ☐ DELETE

NAME JANICE HAWKINS

STREET ADDRESS 1760 SW 6 AVE

CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* (Pencastex) 4/10/98 (Pencastex) 4/10/98

CR2E034 (10/97)