

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000089717 (0)**

**GENERAL DATA SYSTEMS, INC.**



Principal Place of Business: **3211 PONCE DE LEON BLVD. SUITE 206 CORAL GABLES FL 33134**  
Mailing Address: **3211 PONCE DE LEON BLVD. SUITE 206 CORAL GABLES FL 33134**

2. Principal Place of Business: 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 29. Country

3. Date Incorporated or Qualified: **12/12/1994** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0547020** 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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ROBERT E. PANOFF, P.A.  
9400 S. DADELAND BLVD.  
SUITE 106  
MIAMI FL 33156**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.1704, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARSONS, JOSEPH L	
STREET ADDRESS	3211 PONCE DE LEON BLVD., SUITE 206	
CITY, ST., ZIP	CORAL GABLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PARSONS, EARLE L	
STREET ADDRESS	3211 PONCE DE LEON BLVD., SUITE 206	
CITY, ST., ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST., ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST., ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST., ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST., ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST., ZIP	

**200001931492**  
**-08/26/96--01010--022**  
**\*\*\*400.00**

14. 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)(b), Florida Statutes. I further certify that the information is based on the annual report(s) applicable and reported as true and accurate and that my signature shall have the same legal effect as if my name appears on the Black Line changes or on an attachment with an address.

SIGNATURE: *Joseph L Parsons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/16/96 (305) 443 1086*

CR2E034 (3/96)