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FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000011623 (2)

1. Corporation Name

GMS CONNECTIONS, INC.



Principal Place of Business

6361 PELICAN BAY BLVD  
STE 1204  
NAPLES FL 33963  
US

Mailing Address

641 ZAMORA AVE.  
CORAL GABLES FL 33134-3737

2. Principal Place of Business

21 6361 PELICAN BAY BLVD

Suite, Apt. #, etc.

22 STE 1204

City & State

23 NAPLES FL

Zip

24 34108

Country

25 COLLIER

2a. Mailing Address

26 6361 PELICAN BAY BLVD

Suite, Apt. #, etc.

27 STE 1204

City & State

28 NAPLES FL

Zip

29 34108

Country

30 COLLIER

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

04/09/1996

4. FEI Number

65-0554401

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

MICALLEF, GHITA M  
6361 PELICAN BLVD  
STE 1204  
NAPLES FL 33963

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MICALLEF, GHITA M  
STREET ADDRESS % 641 ZAMORA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME MICALLEF, SANTO  
STREET ADDRESS % 641 ZAMORA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

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

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MICALLEF, GHITA M  
1.3 STREET ADDRESS 6361 PELICAN BAY BLVD # 1204  
1.4 CITY-ST-ZIP NAPLES FL 34108

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME MICALLEF, SANTO  
2.3 STREET ADDRESS 6361 PELICAN BAY BLVD # 1204  
2.4 CITY-ST-ZIP NAPLES FL 34108

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

SANTO MICALLEF 4/6/97 041 6975854

CR2E034 (9/96)