

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000040379 (6)**

1. Corporation Name
GROUP 1 SYSTEMS, INC.



Principal Place of Business 5801 POWERLINE RD. STE. 309 FT. LAUDERDALE FL 33309	Mailing Address 5801 POWERLINE RD. STE. 309 FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0582706	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALLACE, MARTA V 5801 POWERLINE RD. STE. 309 FT. LAUDERDALE FL 33309		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CEO
NAME	WALLACE, MARTA V	1.2 NAME	WALLACE, MARTA V.
STREET ADDRESS	5601 POWERLINE RD. STE 309	1.3 STREET ADDRESS	5601 POWERLINE RD, STE 309
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	V	2.1 TITLE	PRESIDENT
NAME	WALLACE, DONALD R	2.2 NAME	WALLACE, DONALD R.
STREET ADDRESS	5601 POWERLINE RD. STE 309	2.3 STREET ADDRESS	5601 POWERLINE RD, STE 309
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Walter Wallace 2/10/98 954-771-4411

CP2E034 (10/97)