

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90095 004 \*\*\*158.75

DOCUMENT # P95000040379

1. Corporation Name

GROUP 1 SYSTEMS, INC.

Principal Place of Business

5601 POWERLINE RD.  
STE. 309  
FT. LAUDERDALE FL 33309

Mailing Address

5601 POWERLINE RD.  
STE. 309  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0582706

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3307 NW 55th STREET

Suite, Apt. #, etc.

22

2a. Mailing Address

26 3307 NW 55th STREET

Suite, Apt. #, etc.

27

City & State

23 FORT LAUDERDALE, FL

Zip

24 33309

Country

25 USA

City & State

28 FORT LAUDERDALE, FL

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

WALLACE, MARTA V  
5601 POWERLINE RD.  
STE. 309  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

MARTA V. WALLACE

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

3307 NW 55th STREET

83

84 City

FORT LAUDERDALE

FL

85 Zip Code

33309

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 ☐ DELETE

NAME WALLACE, MARTA V  
STREET ADDRESS 5601 POWERLINE RD. STE 309  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME WALLACE, DONALD R  
STREET ADDRESS 5601 POWERLINE RD. STE 309  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Walter Wallace - MICHELLE WALLACE 2-25-99 (95A) 771-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0287403

CR2E034 (11/98)