

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**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90002 036 \*\*\*158.75

DOCUMENT # **P97000028260** ✓

1. Corporation Name

**GPS INTERNATIONAL, INC.**



Principal Place of Business

**7378 WEST ATLANTIC BLVD.  
SUITE 366  
MARGATE FL 33063**

Mailing Address

**7378 WEST ATLANTIC BLVD.  
SUITE 366  
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/26/1997**

4. FEI Number

**65-0738653**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMOEDJH, VEDHPERKASH J  
13 NORTH CAROL PARKWAY  
MARGATE FL 33068**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	SAMOEDJH, VEDHPERKASH J	1.2 NAME	
STREET ADDRESS	13 NORTH CAROL PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	
NAME	SAMOEDJH, GAITRIE	2.2 NAME	
STREET ADDRESS	13 NORTH CAROL PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33068	2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

CPA  
PA

**DRU D. LASHBROOK & ASSOCIATES, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

*Member of the  
Florida Institute of  
Certified Public Accountants*

P97000028260  
593280-90002-36

4481 Stirling Road  
Fort Lauderdale, Florida 33314  
Telephone: (954) 581-8112  
Fax: (954) 581-2554  
lashbrook@lbrook.com

Corporations  
Filings

02-1500

nal, Inc.

at he filed the original annual report in March 1998.  
a second notice. He checked with his bank and was  
was not cashed. My office called the State and was  
soon as possible the late fee would be waived. The  
be waived, and this second notice be accepted and  
d any additional information, please contact this