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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO

P97000030593 (2)

GSM INDUSTRIES, INC.

| Principal Place of Business Mailing Address    |   |   |  |                                  |                                |  |                                  |                              |                   |  | 1                          |   |                                   | FO PROLETO DE LOS DE LOS            |   |
|--|---|---|--|----------------------------------|--------------------------------|--|----------------------------------|------------------------------|-------------------|--|----------------------------|---|-----------------------------------|-------------------------------------|---|
| 10951 NW 33RD STREET<br>CORAL SPRINGS FL 33065 |   |   |  |                                  |                                | 10951 NW 33RD STREET<br>CORAL SPRINGS FL 33065                       |                                  |                              |                   |  | DO NOT WRITE IN THIS SPACE |   |                                   |                                     |   |
|  |   |   |  |                                  |                                |  | _                                |                              | _                 |  | 3.                         | Date Incorporated or Qualified 04/03/1997   |                                   |                                     |   |
| 2. Principal P                                 | Place of Busi   |   | 2a. Mailing Address  |                                  |                                |  |                                  |                              |                   | 4.   | FEI Number                 |   |                                   | Applied For                         |   |
| 21 S. h. A. A. A. A.                           |   |   |  |                                  | Suite, Apt. #, etc.            |  |                                  |                              |                   | ····   | ļ                          | 65-0/A/3/2  |                                   |                                     | Not Applicable                                |
| Suite, Apt. #, etc.                            |   |   |  |                                  | 27                             |  |                                  |                              |                   |  | 5.                         | Certificate of Status Desired   |                                   |                                     | 5 Additional<br>Required                      |
| City & State                                   |   |   |  |                                  | City & State                   |  |                                  |                              |                   |  | l .                        | Election Campaign Financing Trust Fund Contribution   |                                   | * -                                 | 00 May Be<br>ed to Fees                       |
| Zip  | <del></del>   | [ c   | ountry   |                                  | Zip                            | Zip Cou  |                                  |                              | ntry              |  | 8.                         | This corporation owes or has p  | aid the c                         | current year                        | Intangible                                    |
| 24   |   | 25  |  | 29                               |                                |  | 30                               | 30                           |                   |  |                            | Personal Property Tax due Jun   |                                   | Yes                                 | □ No  |
|  | _ <del></del>   | nt Reg                                      | Registered Agent   |                                  |                                | 81 Name  |                                  |                              | 10.               | Name and Address of New R                        | egistere                   | d Agent   |                                   |                                     |   |
|  | AILNER, GF  |   |  |                                  |                                |  |                                  | 81                           | -                 | Name   |                            |   |                                   |                                     |   |
|  | 10951 NW :<br>Coral spr   |   |  |                                  |                                | 62   |                                  | Street Addre                 | ss (P.            | O. Box Number is Not Accepta                     | ble)                       |   |                                   |                                     |   |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                             |   |  |                                  |                                |  |                                  |                              |                   |  |                            |   |                                   |                                     |   |
|  |   |   |  |                                  |                                |  |                                  | 84                           | T                 | City   |                            |   | F                                 | 85 Z                                | ip Code                                       |
| 11. Pursuant                                   | to the provis   | sions of                                    | Sections 607.050   | 12 and                           | 607.1                          | 508, Florida Stat  | tutes, th                        | ne abov                      | e-r               | named corpo                                      | oration                    | n submits this statement for the  | purpose                           | of changin                          | g its registered                              |
| office or i                                    | regi <b>ste</b> red aç<br>am <b>fam</b> iliar w                     | gent, or<br>ith, and                        | r both, in the State<br>I accept the oblig                                       | e of Flo<br>ations               | orida S<br>Fot Sec             | such change wa<br>ction 607.0505,                                    | is autho<br>Florida              | orized by<br>Statute:        | y ti<br>s.        | he corporation                                   | on's b                     | ooard of directors. I hereby acce   | pt the a                          | ppointment                          | as registered                                 |
| SIGNATURE                                      |   |   |  | ·                                |                                |  |                                  |                              |                   |  |                            |   |                                   |                                     |   |
|  | Signature, lyped  | 1 o/ printo                                 | d name of registered age<br>OFFICERS AN  |                                  |                                |  |                                  |                              | ent               | signature required                               |                            |   | DATE.                             | ND DIDECT                           | ODO IN 40                                     |
| 12.  | PD  |   | OFFICERS AIN   | L) LAP                           | ir.C I Or                      | DELETE   |                                  | 13.                          | _                 | <del></del> -                                    |                            | ADDITIONS/CHANGES TO OFF  | CERS A                            | Chang                               |   |
| NAME   | 610 6100 600 600 6  |   |  |                                  | <del></del>                    |  |                                  | 1.2 NAME                     | ţ.                |  |                            |   |                                   |                                     | ,,  |
| STREET ADDRESS 10951 NW 33RD STREET            |   |   |  |                                  |                                |  |                                  |                              | STREET ADDRESS    |  |                            |   |                                   |                                     |   |
| CITY-ST-ZIP                                    |   | INGS FL 33065                               | ;  |                                  |                                |  | 1.4 CITY - S                     |                              |                   |  |                            |   |                                   |                                     |   |
| TITLE  | <del></del>   |   |  |                                  |                                | DELETÉ   |                                  | 2.1 TITLE                    |                   |  |                            |   |                                   | Chang                               | e Addition                                    |
| NAME   | )   |   |  |                                  |                                |  | 1                                | 2.2 NAME                     |                   |  |                            |   |                                   |                                     |   |
| STREET ADDRESS                                 |   |   |  |                                  |                                |  | ı                                | 2.3 STREET                   | FAD               | OORESS   |                            |   |                                   |                                     |   |
| CITY-ST-ZIP                                    |   |   |  |                                  |                                |  |                                  | 2. 4 CITY-                   | \$1-              | ZIP  |                            |   |                                   |                                     |   |
| TITLE  | İ   |   |  |                                  |                                | DELFTE   |                                  | 3.1 TITLE                    |                   |  |                            |   |                                   | L Chang                             | e L. Addition                                 |
| NAME   |   |   |  |                                  |                                |  |                                  | 3.2 NAME                     |                   |  |                            |   |                                   |                                     |   |
| STREET ADDRESS                                 | <u> </u>  |   |  |                                  |                                |  | - 1                              | 3.3 STREET                   |                   | }  |                            |   |                                   |                                     |   |
| CITY-ST-ZIP                                    | <b> </b> -  |   |  |                                  |                                | DELETE   |                                  | 3.4 CITY - :<br>4.1 TITLE    | ST-               | - ZIP  |                            |   |                                   | Chang                               | e Addition                                    |
| TITLE<br>NAME                                  |   |   |  |                                  |                                | DECENE   |                                  | 4. P THLE<br>4. 2 NAME       |                   |  |                            |   |                                   | L. Ullany                           | le 🖂 Addition                                 |
| STREET ADDRESS                                 |   |   |  |                                  |                                |  |                                  | 4.3 STREET                   | r Ar              | noress   |                            |   |                                   |                                     |   |
| CITY-ST-ZIP                                    |   |   |  |                                  |                                |  |                                  | 4.4 CITY - S                 |                   |  |                            |   |                                   |                                     |   |
| TITLE  |   |   |  |                                  |                                | DELETE   |                                  | 5.1 TITLE                    | 21-4              |  |                            |   |                                   | ☐ Chang                             | e Addition                                    |
| NAME   |   |   |  |                                  |                                |  | 1                                | 5.2 NAME                     |                   | }  |                            |   |                                   | ,                                   |   |
| STREET ADORESS                                 |   |   |  |                                  |                                |  |                                  | 5.3 STREET                   | r AD              | DDRESS   |                            |   |                                   |                                     |   |
| CITY-ST-ZIP                                    |   |   |  |                                  |                                |  |                                  | 5.4 CITY - S                 | ST - 2            | ZIP  |                            |   |                                   |                                     |   |
| TITLE  |   |   |  |                                  |                                | DELETE   |                                  | 6.1 TITLE                    |                   |  |                            |   |                                   | Chang                               | e Addition                                    |
| NAME   |   |   |  |                                  |                                |  |                                  | 6.2 NAME                     |                   |  |                            |   |                                   |                                     |   |
| STREET ADDRESS                                 |   |   |  |                                  |                                |  |                                  | 6.3 STREET                   | AD                | ODRESS   |                            |   |                                   |                                     |   |
| CITY-ST-ZIP                                    |   | <del></del> ; ;                             |  |                                  |                                |  |                                  | 6.4 CITY - S                 | T-2               | ZIP  |                            |   |                                   | <del></del>                         |   |
| indicated officer or Block 12                  | certify that the<br>on this armit<br>director of the<br>or Block 13 | ie infori<br>ial repo<br>ie corp<br>if chan | mation supplied wort or supplementa<br>oration or the reci<br>ged, or on an atta | nin thi<br>el inn<br>over<br>cho | s filing<br>und repr<br>ctrast | ooes not qualify<br>ort is true and a<br>compowered t<br>arroddress. | y for the<br>locurate<br>to exec | exemp<br>and the<br>ute this | otio<br>at<br>rep | on stated in S<br>my signature<br>port as requit | ection<br>shall<br>red b   | n 119.07(3)(i), Florida Statutes.<br>Il have the same legal effect as<br>ly Chapter 607, Florida Statules | i further<br>if made i<br>and tha | certify that tunder oath; timy name | the information<br>that I am an<br>appears in |