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FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000085181 (0)

1. Corporation Name
GAMS, INC.



Principal Place of Business Mailing Address
%SEMET, LICKSTEIN, MORGENSTERN, ET. AL.
201 ALHAMBRA CIRCLE STE. 1200
CORAL GABLES FL 33134
%SEMET, LICKSTEIN, MORGENSTERN, ET. AL.
201 ALHAMBRA CIRCLE STE. 1200
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0785528

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 2167 Montpelier

2a. Mailing Address
25 2167 Montpelier

22 City & State
23 Weston, FL

27 City & State
28 Weston, FL

24 Zip 33326 Country BROWARD

29 Zip 33326 Country BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICKSTEIN, FRED K

%SEMET, LICKSTEIN, MORGENSTERN, ET. AL.

201 ALHAMBRA CIRCLE STE. 1200

CORAL GABLES FL 33134

100 SE 2nd Ave.
MIAMI, FL 33131

81 Name Same %Fowler, White et.al.

82 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Ave.

83

84 City Miami

FL

85 Zip Code 33131

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

4/7/98

12. OFFICERS AND DIRECTORS

TITLE V. President/Secretary ☒ DELETE

NAME GAIL WEISS

STREET ADDRESS 9050 S.W. 6th Ct

CITY-ST-ZIP Miami, FL 33156

TITLE President/Treasurer ☒ DELETE

NAME MYRA BERGER

STREET ADDRESS 2167 MONTPELIER

CITY-ST-ZIP Weston, FL 33326

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 President/Secretary ☒ Change ☐ Addition

1.2 NAME GAIL WEISS

1.3 STREET ADDRESS 9050 S.W. 6th Ct.

1.4 CITY-ST-ZIP Miami, FL 33156

2.1 TITLE V. Pres/Treasurer ☒ Change ☐ Addition

2.2 NAME MYRA BERGER

2.3 STREET ADDRESS 2167 Montpelier

2.4 CITY-ST-ZIP Weston, FL 33326

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.

SIGNATURE: Myra Berger MYRA BERGER DIR.

4/7/98 (954) 389-3124

CR2E034 (10/97)