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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101893

GOVERN	IMENT CONTRACT SERVI	ICES, INC.								
Principal Place	e of Business	Mailing	Address			1 (00)(00) (10	INITE INDIA NESTI ABIIT EDIL		51 15118 JT	8122 itil 1221
1016 N DIXIE HWY WEST PALM BCH FL 33401 US US						DO NOT WRITE IN THIS SPACE				
	,					 Date Incorporat 12/03/1997 	ed or Qualifed			
2. Principal P	lace of Business	2a. Maili	2a. Mailing Address			4. FEI Number	1 ···			lied For
21		26	بنسود سيوعد		-حيان جمييد	65-08 12553				Applicable
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.			5. Certifcate of Sta	atus Desired	, ,	ee Req	dditional juired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip		Count	ry	8. This corporation	owes the current ye			
24	25	29	***	30		Personal Prope		X Ye	s [□No
	9. Name and Address of Curr	rent Registered	Agent		1 Name	10. Name and Add	iress of New Regis	tered Agent		
EI AI	HERTY, PAUL S			*	Name					
	N DIXIE HWY			8	2 Street A	ddress (P.O. Box Number	ess (P.O. Box Number is Not Acceptable)			
	ST PALM BEACH FL 33401				13					
	7, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				"					
	_	•		8	4 City	•		FL 85	Zip Co	ode
44 Pureuant	to the provisions of Sections 607.0	2692 and 607.16	08 Florida Statut	es, the abo	ve-named c	orporation submits this sta	atement for the purpo	ose of changi	ing its re	egistered
office or r agent. I a	registered agent, or both, in the Stram familiar with, and accept the object.	of Florida 61	ich change was a len 607.0505. Flo	uthorized b rida Statute	by the corpor	orporation submits this stration's board of directors.	I hereby accept the	appointment	as regi	isterea
SIGNATURE		70011	Paul	(S. F	lahert	zu Presiden	t 36	4149		
SIGNATURE	Signature, typed or printer name of registered a	agent and title if applica	Paul	(S. F	lahert	quired when reinstating)	t 36°	4199 ATE		
-	Signature, typed or printer name of registered a	70011	Paul	S. F.: Registered Ag	lahert gent signature rec	quired when reinstating)	t 36	4199 ATE	ECTOR	
SIGNATURE	Signature, typed or printername of registered a	agent and title if applica	Paul able. (NOTE RS	S, F Registered Ag	lahert gent signature rec	quired when reinstating)	t 36°	ATE RS AND DIRI	ECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printe/fname of registered of OFFICERS	agent and title if applica	Paul able. (NOTE RS	13. 1.1 TITLE	lahert gent signature rec	quired when reinstating)	t 36°	ATE RS AND DIRI	ECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printe/fname of registered of OFFICERS . P FLAHERTY, PAUL S	agent and title if applica	Paul able. (NOTE RS	13. 1.1 TITLE	lahert gent signature red E E EET ADDRESS	quired when reinstating)	t 36°	RS AND DIRI	ECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printe/fname of registered of OFFICERS. P FLAHERTY, PAUL S 100 NEPTUNE DR	agent and title if applica	Paul able. (NOTE RS	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE	lanert ent signature rec E EET ADDRESS -ST-ZIP	quired when reinstating)	t 36°	ATE RS AND DIRI	ECTOR	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printe/fname of registered a OFFICERS. P FLAHERTY, PAUL S 100 NEPTUNE DR HYPOLURO FL 33462	egent and little if application of the property of the propert	able. (NOTE RS	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	lanert ent signature rec E E EET ADDRESS -ST-ZIP	quired when reinstating)	t 36°	RS AND DIRI	ECTOR	RS IN 12
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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 impacturate 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 trusted employered to eye. It is 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 adverse to give the empowered.

6.4 CITY-ST-ZIP

SIGNATURE: