**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P98000074480

GMS SOFTWARE, INC.

# Mar 29, 1999 8:00 am Secretary of State

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Principal Place of Business	M	ailing Address				i i 192 i 198 i 1980 i 1984 4 gern en in	I MANIE EDILI IRAN I	trifits meiben es	8213 <b>64</b> 39 4 <b>6</b> 4t	•
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						3. Date Incorporated or Qualifed	E IN THIS SEA	ACE	. 1	
					ļ	08/26/1998			- 1	
2. Principal Place of Business		Malling Address		<u> </u>		4 FE Number		App	lled For	ı
21	26					65-08594	50	Not	Applicable	ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_5. Certificate of Status Desired .	D \$	8.75 A		J
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Zip Country	<u> </u>	Zip 3i	_	гy		<ol> <li>This corporation owes the curre Personal Property Tax.</li> </ol>		Yes [	□No	
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9. Name and Addre	88 of Current Regis	Karen väerit	1	1 Name						
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KULATZ & DOBBINS, P.A.			ľ	2 Street	Addres	is (P.O. Box Number is Not Acceptal				
633 S.E. THIRD AVENUE #4R			Ī	13						
FORT LAUDERDALE FL 33301				4 City		85 Zip Code		ode		
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<b>1</b>			- 1	1						
Pursuant to the provisions of Sectoffice or registered agent, or both agent. I am familiar with, and accurately accu					corpor	ation submits this statement for the passes of directors, I hereby accept	uroose of cha	nging its reg	egistered istered	
office or registered agent, or both, agent. I am familiar with, and accusion	, in the State of Hori apt the obligations of	Section 607.0505, Florid	a Statut	98. 	CHADOI	S DOUBLE OF CHICAGO	uroose of cha	nging its reg	registered istered	
office or registered agent, or both, agent. I am familiar with, and accommodate SIGNATURE	, in the State of Fiori apt the obligations of of registered agent and title	Section 607.0505, Florid	a Statut	98. 	CHADOI	ation submits this statement for the p 's board of directors, I hereby accept  then (**instating)  ADDITIONS/CHANGES TO OFF	ourpose of cha the appointme			. (86)
office or registered agent, or both, agent. I am familiar with, and accident of the signature of the signature, typed or printed name	, in the State of Hori apt the obligations of	Section 607.0505, Florid	a Statut	gent algorature	CHADOI	then (Pinstaling)	DATE			(11/98)
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14. 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 it made under cash; that I am an officer or director of the coporation or the receiver or trustae empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, eyon an attachment with an actives, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City-St-ZIP

5.4 CITY-ST-23P

6.1 TITLE

6.2 NAME

DELETE

NAME

TILE

NAME

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

Addition

Change