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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Suite, Apt. #, etc.

City & State

21

22

S20788

(3)

Suite, Apt. #, etc.

City & State

GENERAL APPLICATION SYSTEMS CONSULTING INC.

Principal Place of Business Mailing Address
6226 THOUSAND OAKS DR
LAKELAND FL 33813

2. Principal Place of Business
2. Mailing Address

26

28

FILED Apr 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualified

11/07/1990 4. FEI Number

59-3033877

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

		L-, 2-10	<u> </u>	, cantry		8. This corporation	owes or nas paid the cu			
24	26	29	30					Yes	□ No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name					
PATEL, GORDHAN J 6226 THOUSAND OAKS DR LAKELAND FL 33813					Name					
					82 Street Address (P.O. Box Number is Not Acceptable)					
					62 Sireet Address (r.O. box Normoet is Not Addeptable)					
					83					
						<u></u>				
				84	City		FL	85 Zi	p 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 life if applicable (NOTE Registered						required when reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.					- Communication		IGES TO OFFICERS ANI	DIRECTO	DRS IN 12	
TITLE	P	DELE1		1 TITLE		//OB/MONO/CHUI	ICED TO CITTICE FICTION	Change		
NAME	PATEL, GORDHAN J		1:	2 NAME						
STREET ADDRESS	6226 THOUSAND OAKS DR		1 1:	3 STREET	ADDRESS		· ·		i	
CITY-ST-ZIP	LAKELAND FL 33813		1	4 CITY-S	T- ZIP				J	
TITLE	T	DELE1		1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	PATEL, VARSHA G		2.	2 NAME						
STREET ADDRESS	6226 THOUSAND OAKS DR		2.	3 STREET	ADDRESS		· (*****)		Ì	
CITY-ST-ZIP	LAKELAND FL 33813		2.	4 CITY-S	T-ZIP					
TITLE		DELET	E 3.	1 TITLE				Change	Addition	
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TITLE		☐ DELET	E 4.	1 TITLE				Change	Addition	
NAME			4.	2 NAME	Ì				Ì	
STREET ADDRESS			4:	3 STREET	ADDRESS					
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TITLE		☐ DELET	E 5:	TITLE	- (Change	Addition	
NAME			5.3	2 NAME						
STREET ADDRESS			5.3	3 STREET	address					
CITY-ST-ZIP				CITY-S	1 - ZIP					
TIFLE		DELET	E 6.	1 TITLE]			Change	Addition	
NAME			63	2 NAME	j	, "				
STREET ADDRESS			6.3	3 STREET	ADDRESS				l	
CITY-ST-ZIP			6.4	4 CITY-S	I-ZIP					

14. Thereby certify that the information supplied with this filling 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: ...

- fets

(GORDHAN J PATEL)

1/9/58

941-646-6954