FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

S90262

(4)

FILED Mar 07 1996 8:00 am Secretary of State

1. Corporation	Name	- (-)			
GULF ATLANTIC MANAGEMENT INFORMATION SYSTEMS, IN C.					
Principal Place	of Business	Mailing Address			######################################
1100 PARK CENTRAL BLVD. STE. 1700 POMPANO BEACH FL 33064		1100 PARK CENTRAL STE 1700 POMPANO BEACH FL			
US		US		Date Incorporated or Qualified 10/28/1991	3a. Date of Last Report 04/26/1995
2. Principal Pla 21	ice of Business	2a. Mailing Address 26		4, FEI Number 65-0292652	Applied For Not Applicable
Surte, Apt. #	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ζφ	Country	28 	Country	Trust Fund Contribution 8. This corporation has liability for	. *
24	25 g. Name and Address of Curren	29 Agent	30	Florida Statutes Yes 10. Name and Address of New F	i X No
· - ····-	g. 11d.115 d.11d 11.dd.1005 0.1 dd.110.	it registered Agent	81 Name	IV. Name and Address of New P	legistered Agent
SANZ, DAVID R. 1100 PARK CENTRAL BLVD S			L <u>i</u>		
			82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)
STE 17			83		
POMPANO BEACH FL 33064					
7			84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	da. Such change was authorize	s, the above named corporation's boo	oration submits this statement for the pu and of directors. I hereby accept the app	ruges of changing its registered office
SIGNATURE					
	Signature, typed or printed manic of registered agen		E: Registered Agent signature resur	e fixteel on stiding	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITI F	DP CANT DAVOD D	☐ DELETE	1 1 Till E		Change Addition
NAME SANZ, DAVID R. STREET ADDRESS 1100 PARK CENTRAL BLVD. SOUTH, STE. 1700			1.2 NAMÉ		
STREET ADDRESS	POMPANO BEACH FL). SUUIN, SIE. 1700	1.3 STREET ADDRESS		
C-TY -ST - ZIP	PUMPANU DEAUN FL	FT DELET	1.4 CHY - \$1 - ZIP		
TiTLE		TT DELETE	2 1 111116		Change Addition
NAME OTHER ADDRESS			2 2 NAME		
STHEET ADDRESS			2.3 STREET ADDRESS		
CritiST Z.P Tribe		DELETE	2.4 CHY+S1+ZIF		Change Addition
NAME		L_I trettite	3 1 THUE 3 2 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
City St. 7:P			3.4 CHY ST-ZIF		!
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NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
0:1Y - ST - ZIP			4.4 CiTY - S1 - ZiF		
TITLE	·	DELFIE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
C:TY-ST-ZIP			5.4 CHY+S1+ZIF		
T.TLE		☐ DELETE	6 1 THILE		Change Addition
NAM:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		!
C-TY-ST-ZIP		··-··	6.4 C/TY - S1 - 2/F		
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trianger, or on an attachment with an address. David R. Sanz

SIGNATURE:

David R. Sanz

3/3/96

(954) 489-4000