

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90296 028 \*\*\*158.75

0286204

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V01402**

1. Corporation Name  
**G.S.S. AND G. CORPORATION**

Principal Place of Business  
**3300 N. PORT ROYALE DR., SUITE 205  
FT. LAUDERDALE FL 33308**

Mailing Address  
**3300 N. PORT ROYALE DR., SUITE 205  
FT. LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/19/1991**

4. FEI Number

**65-0544523**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **6278 N. Federal Hwy.**

Suite, Apt., etc.

22 **#490**

City & State

23 **Fort Lauderdale FL**

Zip

24 **33308**

Country

25 **Broward**

2a. Mailing Address

26 **6278 N. Fed. Hwy**

Suite, Apt., etc.

27 **#490**

City & State

28 **Ft. Lauderdale FL**

Zip

29 **33308**

Country

30 **Broward**

9. Name and Address of Current Registered Agent

**REYNOLDS, STEVEN  
3300 N. PORT ROYALE DR.  
SUITE 205  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

**Steven Reynolds**

82 Street Address (P.O. Box Number is Not Acceptable)

**6278 N. Federal Highway**

83

**Suite 490**

84 City

**Ft. Lauderdale FL**

85 Zip Code

**FL 33308**

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

*Steven Reynolds*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1 May 99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **REYNOLDS, STEVEN**  
STREET ADDRESS **3300 N. PORT ROYALE DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☒ DELETE  
NAME **SUELLENTROP, STEPHEN**  
STREET ADDRESS **3300 N. PORT ROYALE DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☒ DELETE  
NAME **HAFLEY, ROBERT**  
STREET ADDRESS **1300 E HILLSBORO BLVD**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

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 / CEO / D** ☒ Change ☐ Addition  
1.2 NAME **Reynolds, Steven**  
1.3 STREET ADDRESS **6278 N. Federal Hwy #490**  
1.4 CITY-ST-ZIP **Ft. Lauderdale FL 33308**

2.1 TITLE **STD** ☒ Change ☐ Addition  
2.2 NAME **Suellentrop Stephen**  
2.3 STREET ADDRESS **6278 N Fed Hwy Suite 360**  
2.4 CITY-ST-ZIP **Ft. Lauderdale FL 33308**

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, with all other like empowered.

SIGNATURE:

*Steven Reynolds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1 May 99**  
Daytime Phone # **757 258-1203**

CR2E034 (11/98)