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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90099 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 379614

1. Corporation Name
PRACTICAL SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
11617 PROSPECT RD ODESSA FL 33556 US	11617 PROSPECT RD ODESSA FL 33556 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/30/1971

4. FEI Number: 59-1346745 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

JANKURA, J.E.
11617 PROSPECT RD
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: G. P. HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 27802 ARLINGTON ROAD
83
84 City: ZEPHYR HILLS FL 85 Zip Code: 33544

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: Glen P Hernandez 1-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	JANKURA, JUNE		1.2 NAME	JERRY BIZER	
STREET ADDRESS	520 S. WOODLANDS DR.		1.3 STREET ADDRESS	2307 WESLEYAN Ct.	
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP	LOUISVILLE KY 40242	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	MACARTNEY, WILLIAM		2.2 NAME	MATTHEW HERNANDEZ	
STREET ADDRESS	1676 LINCOLN AVE		2.3 STREET ADDRESS	8013 BEATY GROVE DR.	
CITY-ST-ZIP	UTICA, NLYL 00000		2.4 CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, D A		3.2 NAME		
STREET ADDRESS	SPRUCE BROOK IND PARK		3.3 STREET ADDRESS		
CITY-ST-ZIP	BERLIN, CONN 00000		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	HERNANDEZ, G.P.		4. 2 NAME		
STREET ADDRESS	11617 PROSPECT RD		4.3 STREET ADDRESS	27802 ARLINGTON ROAD	
CITY-ST-ZIP	ODESSA FL 33556		4.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33544	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Glen P Hernandez SIGNATURE REQUIRED 1-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)