**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M54399 1. Corporation Name

COMBINED ADVANCE TECHNOLOGY SYSTEMS (C.A.T.S.).

**FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90100 012 \*\*\*150.00

| INC.  |  | · · · · · · · · · · · · · · · · · · · |                                  |   |
|---|--|---------------------------------------|----------------------------------|---|
| Principal Place   | e of Business  | Mailing Address                       |                                  | ( ) Million (A) Estis Elega (()) ( (E)) erall |
| 2755 S FEDERAL HWY 2755 S FEDERAL HWY   |  | 2755 S FEDERAL HWY                    |                                  |   |
| SUITE 14 SUITE 14   |  |                                       | DO NOT WRITE IN THIS SPACE       |   |
| BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435   |  |                                       | 3. Date Incorporated or Qualifed |   |
| US  |  | 03                                    |                                  | 06/23/1987  |
| 2 Principal P   | lace of Business                                     | 2a, Mailing Address                   |                                  | 4. FEI Number Applied For   |
|   | lace of Busiliess                                    | 26                                    |                                  | 59-2833486 Not Applicable   |
| T   |  | Suite, Apt. #, etc.                   |                                  | _ \$8.75 Additional   |
| 22 27   |  | <u></u>                               |                                  | 5. Certifcate of Status Desired Fee Required  |
| City & State City &   |  | City & State                          |                                  | - 6. Election Campaign Financing \$5.00 May Be  |
| 2328  |  | 28                                    |                                  | Trust Fund Contribution Added to Fees   |
| Zip   | Country  | Zip                                   | Country                          | 8. This corporation owes the current year Intangible  |
| 24  | 25   | 29 30                                 | ]                                | Personal Property Tax.  |
|   | 9. Name and Address of Current                       | t Registered Agent                    |                                  | 10. Name and Address of New Registered Agent  |
| 81 Name   |  |                                       |                                  |   |
| CUTONE-VONLIPPKE, ANNA  |  |                                       | 82 Street A                      | ddress (P.O. Box Number is Not Acceptable)  |
| 6230 WINDCHIME PLACE  |  |                                       | 0.0007.1                         |   |
| BOYNTONA BEACH FL 33437   |  |                                       | 83 C C                           | 232 RutleDGe Avenue   |
|   |  |                                       | 84 City                          | S CONTROVE AVEIVE   |
| `•  |  |                                       |                                  | >000 148500 <b>FL</b>   33434   |
| 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   | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: Re  | gistered Agent signature req     | uired when reinstating) DATE  |
| 12.   | OFFICERS AN  |                                       | 13.                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE   | D  | ☐ DELETE                              | 1.1 TITLE                        | Change Addition   |
| NAME  | LIPPKE, ANNA VON                                     |                                       | 1.2 NAME                         | 9232 RUTTERSE AVENUE  |
| STREET ADDRESS  | 8268 SOURGUM ST                                      |                                       | 1.3 STREET ADDRESS               |   |
| CITY-ST-ZIP   | DELRAY BEACH FL 33446                                |                                       | 1.4 CITY-ST-ZIP                  | 1500a 12a+00, \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| TITLE   | PTD  | ☐ DELETE                              | 2.1 TITLE                        | ∫ Change  |
| NAME  | von Lippke, Gustav Erick                             |                                       | 2.2 NAME                         | 9232 RutleTGe Avenue  |
| STREET ADDRESS  | 8268 SOURGUM ST                                      |                                       | 2.3 STREET ADDRESS               | 9232 KOT REVOL MORIOS   |
| CITY-ST-ZIP   | DELRAY BEACH FL 33446                                |                                       | 2. 4 CITY-ST-ZIP                 | Boca Raton F 133434   |
| TITLE   |  | ☐ DELETE                              | 3.1 TITLE                        | Change Addition   |
| NAME  |  |                                       | 3.2 NAME                         |   |
| STREET ADDRESS  |  |                                       | 3.3 STREET ADDRESS               | 1   |
| CITY-ST-ZIP   |  |                                       | 3.4. GITY-ST-ZIP                 |   |
| TITLE   |  | ☐ DELETE                              | 4.1 TITLE                        | ☐ Change ☐ Addition   |
| NAME  |  |                                       | 4, 2 NAME                        | į   |
| STREET ADDRESS  | •  |                                       | 4.3 STREET ADDRESS               |   |
| CITY-ST-ZIP   |  |                                       | 4.4 C/TY-ST-Z/P                  | Dobassa Daddis  |
| TITLE   |  | ☐ DELETE                              | 5.1 TITLE                        | ☐ Change ☐ Addition   |
| NAME  |  |                                       | 5.2 NAME                         | , ,   |
| STREET ADDRESS  | 15   |                                       | 5.3 STREET ADDRESS               |   |
| CITY-ST-ZIP   |  |                                       | 5.4 CITY-ST-ZIP                  | 70  |
| 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 supplieriental 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 of th

SIGNATURE