Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700030955

26

27

1. Corporation Name SYSTECH CABLING INC.

Principal Place of Business

Mailing Address

2a. Mailing Address P.O. Box

Suite, Apt. #, etc.

118 S WESTSHORE BLVD #313 **TAMPA FL 33609**

2. Principal Place of Business

21 4532 W. KENNEDY BLVD

118 S WESTSHORE BLVD #313 **TAMPA FL 33609**

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90089 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/04/1997 4. FEI Number

59-3446686

		 - 				
City & State City & State		FIDRIDA	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		May Be o Fees	
23 JAMP	A FLORIDA Country	Zip DAY	Country			
Zip		29 32910-0197		This corporation owes the current y Personal Property Tax.	ear intangible ∏Yes	IV No
24 3360	9 25 U.S.		30 U.S.	10. Name and Address of New Regis		
R1 Name						
wor	DDS, TIMOTHY		1-1	IMOTHY WOODS		
118 S WESTSHORE BLVD #313			82 Street Add	dress (P.O. Box Number is Not Acceptable)	÷+ > , >	
	PA FL 33609		4532	N. KENNEDY BLVO.	#313	
TAMPA FL 33609 83						
1 :			84 City		85 Zip,C	ode 2
1				<u> </u>	FL _ 33	603
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purp	ose 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 opligations of, Section 607.0505, Florida Statutes.						
' '	limethe 11 man	TIMOTHY IND		31	118/99	
Signature, typed or printed aams of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE ,	P	☐ DELETE		resident	Change	Addition
NAME ;	WOODS, TIMOTHY		1.2 NAME	IMOTHY WOODS	0.5.5	
STREET ADDRESS	118 SW SHORE BLVD #313		1.3 STREET ADDRESS 4	532 W. KENNEDY BLVC	s.#3/3	
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-ST-ZIP	TAMPA FLORIDA 3360	9	
TITLE	S	DELETE	2.1 TITLE	5	☐ Change	Addition
NAME	GRIFFITH, DOREEN		22 NAME	IMOTHY WOODS		
STREET ADDRESS	491 RALEIGH RD SE		2.3 STREET ADDRESS	532 W. KENNEDY BLVD	#313	
CITY-ST-ZIP	PALM BAY FL 32909-6608 -		2.4 CITY-ST-ZIP	TAMPA FLORIDA 3360	9	
TITLE	V	□ DELETE	3.1 TITLE	7	Change	Addition
NAME	WILSON, KEVIN			CEVINI WILSON		
	118 SW SHORE BLVD #313		3.3 STREET ADDRESS 4	532 W. KENNEDY BLVD	#3 /3	
STREET ADDRESS	TAMPA FL 33609		3.3 STREET ADDRESS	TAMPA FLORIDA 33609		
CITY-ST-ZIP.	TAMPA FL 33609	☐ DELETE	3.4. CITY-ST-ZIP	T	☐ Change	Addition
TITLE	• •			GITH DALY		_
NAME			4. 2 NAME	532 W. KENNEDY BLV	D#313	
STREET ADDRESS			4.3 STREET ADDRESS	Ta-204 Ta-2104 23/0	. 0	
CITY-ST-ZIP,	<u> </u>	DELET		TAMPA FLORIDA 3360	☐ Change	☐ Addition
TILE !		☐ DELETE	5.1 TITLE		□ cuanda	☐ ₩00m001
NAME !			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST+ZIP			- Addition
TITLE (☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		•	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	* 4 * *		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.

3/18/99

CR2E034 (11/98)