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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90086 045 ***150.00

i. Corporation	MENT # 661238 Ontrol systems, Inc.	3										
Principal Place	e of Business	Mailing Addres	s					ISC HAID ISSUE EU	DE SEST MINIT NO	MIS MIRT MINIS	11811 81813 (88)	
Principal Place of Business 1150 E ATLANTIC BLVD SUITE B POPANO BEACH FL 33060 US		P. O BOX 2966 C/O DAVID D. (P. O BOX 2966 C/O DAVID D. GUSTAFSON POMPANO BEACH FL 33072			3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						(03/17/1980					
2. Principal P	Place of Business	2a. Mailing Add	Iress			4.	FEI Number			Ar	plied For	
21		26				!	<u>59-1979852 </u>				ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. :	#, etc.			5.	Certifcate of Statu	s Desired			Additional	
22		27				<u> </u>					equired	
City & State	10	- City & State					Election Campaig	_			May Be	
23		28					Trust Fund Contri				to Fees	
Zip	Country	Zip		ountry		1	This corporation of		ent year Int	angible Yes	□No	
24	25	29	30				Personal Property Name and Addre		agistored			
	9. Name and Address of Curr	ent Registered Agent		81	Name	10.	Name and Addre	SSS OF HEW IN	<u>egistereu</u>	Agent		
GUS	STAFSON, DAVID D.											
) N.E. 8TH CT.			82	Street Add	tress (P.	ess (P.O. Box Number is Not Acceptable)					
	PANO BEACH FL 33062			83								
1 0,11	,,,,,,,			03								
				84	City					85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flo	rida Statutes, the	above	1	poration	submits this state	ment for the	purpose of	changing its	registered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the obli-	gations or, Section 607	.0505, Florida 50	atutes	e-named corporate	red when re	einstating)		DATE			
agent. I a	am familiar with, and accept the obli-	gations or, Section 607	.0505, Florida 50	red Agen	e-named corp the corporati	red when re			DATE	D DIRECTO	DRS IN 12	
agent. I a	am familiar with, and accept the obli-	gations of, Section 607 gent and title if applicable. AND DIRECTORS	(NOTE: Register	red Agen	e-named corp the corporati	red when re	einstating)		DATE			
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607 gent and title if applicable. AND DIRECTORS	(NOTE: Register 13 DELETE 1.1	red Agen	e-named corp the corporati	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D	gations of, Section 607 igent and title if applicable. AND DIRECTORS	(NOTE: Register 13 DELETE 1.1	red Agen 3. TITLE NAME	e-named corp the corporati	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
agent. Fa	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 DELETE 1.1 1.2 1.3	red Agen 3. TITLE NAME	e-named corporation to corporation a signature requirement of the corporation of the corp	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS:	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1	red Agen 3. TITLE NAME	e-named corporation to corporation a signature requirement of ADDRESS	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 DELETE 1.1 1.2 1.3 1.4 DELETE 2.1	red Agen 3. TITLE NAME STREET	e-named corporation to corporation a signature requirement of ADDRESS	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register 12 DELETE 1.1 1.2 1.3 1.4 DELETE 2.1	red Agen 3. TITLE NAME STREET CITY-STITLE NAME	e-named corporation to corporation a signature requirement of ADDRESS	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Ingent and title if applicable. AND DIRECTORS	(NOTE: Register 12 DELETE 1.1 DELETE 2.1 DELETE 2.1 2.2 2.3 2.4	red Agen 3. TITLE NAME STREET CITY-STITLE NAME	e-named corporation corporation in signature requirements of TADORESS	red when re	einstating)		DATE	D DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Ingent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1	red Agen 3. TITLE NAME STREET CITY-S TITLE NAME STREET	e-named corporation corporation in signature requirements of TADORESS	red when re	einstating)		DATE	D DIRECTO	DRS IN 12	
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Ingent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 DELETE 1.1 DELETE 2.1 DELETE 2.1 DELETE 2.3 DELETE 3.1	red Agen 3. TITLE NAME STREET CITY-S TITLE NAME STREET 4 CITY-S TITLE NAME	e-named corporation of signature requirements of ADDRESS T. ZIP	red when re	einstating)		DATE	D DIRECTO Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Ingent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 DELETE 1.1 DELETE 2.1 DELETE 2.1 DELETE 2.3 DELETE 3.1	red Agen 3. TITLE NAME STREET CITY-S TITLE NAME STREET 4 CITY-S TITLE NAME	e-named corporation corporation in signature requirements of TADORESS	red when re	einstating)		DATE	D DIRECTO Change	DRS IN 12 Addition Addition	
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 1.2 1.3 1.4 DELETE 2.1 2.2 2.3 3.3 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3	red Agen 3. TITLE NAME STREET CITY-S' TITLE NAME STREET 4 CITY-S TITLE NAME NAME NAME STREET CITY-S STREET	e-named corporation of the corporation of signature requirements of ADDRESS T. ZIP	red when re	einstating)		DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition	
AGENTURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register 1.1 1.2 1.3 1.4 DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 3.2 3.3 3.4 3.4	red Agen 3. TITLE NAME STREET CITY-S' TITLE NAME STREET 4 CITY-S TITLE NAME NAME NAME	e-named corporation of the corporation of signature requirements of ADDRESS T. ZIP	red when re	einstating)		DATE	D DIRECTO Change	DRS IN 12 Addition Addition	
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register (NOTE: Register 13 DELETE 1.1 1.2 1.3 1.4 DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 DELETE 4.1 DELETE 4.1	red Agen 3. TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET NAME STREET NAME STREET TITLE NAME STREET TITLE	e-named corporation to signature requirements of ADDRESS T. ZIP T ADDRESS ST. ZIP	red when re	einstating)		DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS	(NOTE: Register (NOTE: Register 12 13 DELETE 1.1 1.2 2.1 DELETE 2.1 2.2 2.3 2.4 DELETE 3.1 DELETE 4.1 A.2 4.3	red Ager TITLE NAME STREET OUTY-S' TITLE NAME STREET OUTY-S' TITLE NAME STREET OUTY-S' TITLE NAME STREET OUTY-S TITLE NAME STREET OUTY-S TITLE STREET OUTY-S	e-named corporation to signature requirements of ADDRESS T. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP	red when re	einstating)		DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition	
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS TE. B	(NOTE: Register 12	red Ager red	e-named corporation to signature requirements of ADDRESS T. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP	red when re	einstating)		DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS TE. B	(NOTE: Register (NOTE: Register 12 12 13 14 DELETE 21 22 23 24 DELETE 31 DELETE 41 42 43 DELETE 51	red Agen TITLE NAME STREET TITLE NAME STREET GITY-S TITLE NAME STREET	e-named corporation to signature requirements of ADDRESS T. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP	red when re	einstating)		DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS TE. B	(NOTE: Register (NOTE: Register 12 12 13 14 DELETE 21 22 23 24 DELETE 31 A1 DELETE 41 42 43 DELETE 51 52	red Ager TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	e-named corporation of the corpo	red when re	einstating)	IGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	
AGENTURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS TE. B	(NOTE: Register (NOTE: Register 12 12 13 14 DELETE 21 22 23 24 DELETE 31 A1 DELETE 41 42 43 44 DELETE 51 52 53	TITLE NAME STREET OUTY-S' TITLE NAME STREET OUTY-S' TITLE NAME STREET OUTY-S' TITLE NAME STREET OUTY-S TITLE NAME STREET OUTY-S TITLE NAME STREET OUTY-S TITLE STREET OUTY-S STREET OUTY-S STREET OUTY-S STREET	e-named corporation of the corporation of signature requirements of ADDRESS T. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP	red when re	einstating)	IGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / ST GUSTAFSON, DAVID D 1150 E. ATLANTIC BLVD., ST POMAPNO BEACH FL 33060	gations of, Section 607 Igent and title if applicable. AND DIRECTORS TE. B	(NOTE: Register (NOTE: Register 1:1 1:2 1:3 1:4 DELETE 2:1 2:2 2:3 2:4 DELETE 3:1 3:2 4:4 DELETE 4:1 DELETE 5:1 5:2 5:3 5:4	red Ager TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	e-named corporation of the corporation of signature requirements of ADDRESS T. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP T ADDRESS ST. ZIP	red when re	einstating)	IGES TO OFF	DATE	D DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS