1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F50498

FILED 99 APR 28 PH 2: 20

CORPORATE CONTROL SYSTEMS, INC.				1217指权等等等级是
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Principal Plac	e of Business	Mailing Address		i deginer fig. gafa erila tahun dibun kala oleh birli ekoni ekoni ekoni ekoh barik bari bari bari bari bari bar
]		3701 SW 84TH STREET		
GAINESVILLE F	FL 32608	GAINESVILLE FL 32608		DO NOT WRITE IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified
				10/21/1981
2. Principal P	lace of Business	2a. Mailing Address		4. FET Number Applied For
21		26		59-2371373 Not Applicable
Suite, Apt.	#, etc	Suite Apl #, etc		5. Certificate of Status Desired [ ] \$8.75 Additional
22		27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Thrust Fund Contribution State Added to Fees
23 Zip	Country	[28] Ζ(ρ	Country	Trust Fund Contribution Added to Fees  8. This corporation owes the corrent year In angible
24	[25]	29	[30]	Personal Property Tax [1Yes XND
	9. Name and Address of Current	Registered Agent	LE 1	10. Name and Address of New Registered Agent
004	WHAT MATAR R		81 Name	
SCHMIDT, VICTOR P			lress (P.O. Box Number is Not Acceptable)	
3/01 SW 84IM STREET			, ,	
GAI	AESAILLE LT 35000		83	
•			84 City	■ 85 Zip Code
-16-5	Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above numed corporate office or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  GIGNATURE			FL!
office or r	egistered agent, or both, in the State of	f Florida. Such change was a	uthorized by the corporati	poration strongs this statement for the purpose of offanging its registered on's board of directors. Thereby accept the appointment as registered
	m familiar with, and accept the obligati	ons of, Section 607,0505, Flo	nda Statutes	
SIGNATURE	Signature typed or printed name of registered agent	and to entapp4 carás (N. 11a	Represed April 50, or or no pro-	- Lwreine de gr
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	,	DENT DELETE	1 1 TOLE	[   Change   [   Ad title:
NAME	SCHMIDT, VICTOR P		1.2 NAME	
STREET ADDRESS	3701 SW 84TH STREET		13 STREET ADORESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	[   DELETE	14 CHY-\$1-2#*	[ ] Change
TITLE		( ) DELETE	2 1 1 ( LE	
NAME STREET ADDRESS			2.2 NAME 2.3 \$7865 LADORESS	0000029078300 -06/1779901074013
CITY-ST-ZIP			2 4 C(1+-S1-Z):	****150.00 ****150.00
TITLE		[   DELFTE	3 ( 1) ( F	[ ] Change [ ] Additor
NAME			3.2 NAME	ι, τ
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 C/TY-S1-Zir	
TITLE		[   DELF IF	4 TITLE	[] Change [] Addition
NAME			4 2 NAVE	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		[ Lockers	4.4 CHY-ST-ZIF	Florence
TITLE		[   DELETE	5.1 Title 5.2 NAM:	[ Crange   [ Add-von
NAME ETOPS TADODESS			53 STREET ADORESS	
STREET ADORESS			54 City-St ZiP	
TITLE		[   DELETE	61 TILLE	[   Change ,
NAME			6.2 NAME	1 19 %
STREET ADDRESS			63 STREET ADDRESS	41,312 L
			647018 61 700	

14. Thereby 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 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. It am an officer or director of the corporation of the receiver or trustee empowered this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or one attachment with an address, with all other ke empowered.

SIGNATURE:

this report as required by configure on the entropy of the entropy