

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002940 (3)

1. Corporation Name

SOUTHWEST SYSTEMS CORP.



Principal Place of Business

Mailing Address

**3859 S. VALLEY VIEW #6
LAS VEGAS NV 89103**

**3859 S. VALLEY VIEW #6
LAS VEGAS NV 89103**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

88-0269137

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., #1
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **PVC
BARTLETT, SCOTT A**
STREET ADDRESS **1109 WESTWOOD DR**
CITY-STATE-ZIP **LAS VEGAS NV 89102**

1.2 TITLE ☐ DELETE

NAME **C**
STREET ADDRESS **JOHNSON, JOAQUIN**
CITY-STATE-ZIP **4729 FALLING STAR AVE**
LAS VEGAS NV 89117

1.3 TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PVC**
STREET ADDRESS **BARTLETT, SCOTT A**
CITY-STATE-ZIP **6112 LONESOME CANYON ST.**
LAS VEGAS, NV 89130

1.2 TITLE ☐ Change ☐ Addition

1.3 TITLE ☐ Change ☐ Addition

1.4 TITLE ☐ Change ☐ Addition

1.5 TITLE ☐ Change ☐ Addition

1.6 TITLE ☐ Change ☐ Addition

1.7 TITLE ☐ Change ☐ Addition

1.8 TITLE ☐ Change ☐ Addition

1.9 TITLE ☐ Change ☐ Addition

1.10 TITLE ☐ Change ☐ Addition

1.11 TITLE ☐ Change ☐ Addition

1.12 TITLE ☐ Change ☐ Addition

1.13 TITLE ☐ Change ☐ Addition

1.14 TITLE ☐ Change ☐ Addition

1.15 TITLE ☐ Change ☐ Addition

1.16 TITLE ☐ Change ☐ Addition

1.17 TITLE ☐ Change ☐ Addition

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1.19 TITLE ☐ Change ☐ Addition

1.20 TITLE ☐ Change ☐ Addition

1.21 TITLE ☐ Change ☐ Addition

1.22 TITLE ☐ Change ☐ Addition

1.23 TITLE ☐ Change ☐ Addition

1.24 TITLE ☐ Change ☐ Addition

1.25 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SCOTT A BARTLETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96
Date

(702) 876-0807
Daytime Phone #

CR2E034 (12/95)